

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response . . . . . . . 16.00

## NOTICE OF SALE OF SECURITIES SEC USE ONLY PURSUANT TO REGULATION D, DATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| Filing Under (check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [ X ] Rule 5 Type of Filing: [ X ] New Filing [ ] Amendment                          | 06 [] Section 4(6) [] ULOE                               |
|---|--|
| A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer   |  |
| Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.)  Bright-Meyers 2007, LLC                                  | 07071658   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 537 Market Street, Suite 400, Chattanooga, TN 37402                             | Telephone Number (Including Area Code)<br>(423) 752-0115 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)                               | Telephone Number (Including Area Code)                   |
| Brief Description of Business   |  |
| Investment Company Type of Business Organization  |  |
|   | lease specify): PROCESSED                                |
| Actual or Estimated Date of Incorporation or Organization: [05] [07] [X] Actual [   | •  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) | [DE] THOMSON FINANCIAL                                   |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                 | [ ] Promoter      | [ ] Beneficial Owner                        | [ ] Executive Officer   | [ ] Director | [X] General and/or<br>Managing Partner |
|---|-------------------|---|-------------------------|--------------|--|
| Full Name (Last name first, if                            | individual)       |   |                         |              |  |
| Bright Interests, Inc. Business or Residence Address      | s (Number and Str | eet, City, State, Zip Code                  | )                       |              |  |
| 537 Market Street, Suite 400<br>Check Box(es) that Apply: | Ch:               | attanooga, TN 37402  [ ] Beneficial Owner   | [ X] Executive Officer  | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   |                         |              |  |
| Bright, Fletcher Business or Residence Address            | s (Number and Str | eet, City, State, Zip Code                  | )                       |              |  |
| 537 Market Street, Suite 400                              | Ch                | attanooga, TN 37402                         |                         |              |  |
| Check Box(es) that Apply:                                 | [ ] Promoter      | [ ] Beneficial Owner                        | [ X ] Executive Officer | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   |                         |              |  |
| Bright, George<br>Business or Residence Address           | s (Number and Str | ect, City, State, Zip Code                  | )                       |              |  |
| 537 Market Street, Suite 400<br>Check Box(es) that Apply: |                   | attanooga, TN 37402<br>[ ] Beneficial Owner | [ ] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   | <del></del>             |              |  |
| Business or Residence Address                             | s (Number and Str | eet, City, State, Zip Code                  | )                       |              |  |
| Check Box(es) that Apply:                                 | [ ] Promoter      | [ ] Beneficial Owner                        | [ ] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   |                         |              |  |
| Business or Residence Address                             | s (Number and Str | eet, City, State, Zip Code                  | )                       |              | <del> </del>                           |
| Check Box(es) that Apply:                                 | [ ] Promoter      | [ ] Beneficial Owner                        | [ ] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   |                         |              |  |
| Business or Residence Address                             | s (Number and Str | eet, City, State, Zip Code                  | )                       |              |  |
| Check Box(es) that Apply:                                 | [ ] Promoter      | [ ] Beneficial Owner                        | [ ] Executive Officer   | [ ] Director | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if                            | individual)       |   | <del></del>             | ·            |  |
| Business or Residence Address                             | s (Number and Str | eet, City, State, Zip Code                  | )                       |              |  |
|   |                   |   |                         |              |  |

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## B. INFORMATION ABOUT OFFERING

| 1. Has t                          | he issuer so                 | old, or does                                  | the issuer i                 | ntend to se                           | ll, to non-ac                 | credited in                             | vestors in th                | nis offering                                       | ·                              |   |                                       | Yes No<br>[ ] [X]            |
|-----------------------------------|------------------------------|---|------------------------------|---------------------------------------|-------------------------------|---|------------------------------|--|--------------------------------|---|---------------------------------------|------------------------------|
|                                   |                              |   |                              | Answer                                | also in App                   | endix, Coli                             | umn 2, if fil                | ling under L                                       | JLOE                           |   |                                       |                              |
| 2. What                           | is the min                   | imum inves                                    | tment that                   | will be acce                          | pted from a                   | any individu                            | ıal?                         |  |                                |   | \$                                    | 202,041.30                   |
| 3. Does                           | the offerin                  | g permit jo                                   | int ownersh                  | ip of a sing                          | de unit?                      |   |                              |  |                                | *************************************** |                                       | Yes No, [X][]                |
| similar i<br>associate<br>dealer. | emuneration of               | on for solici<br>or agent of<br>on five (5) p | itation of pi<br>a broker or | ırchasers ir<br>dealer reg            | connection istered with       | n with sales<br>n the SEC a             | s of securiti<br>and/or with | given, directes in the of a state or sker or deale | fering. If a<br>tates, list th | person to<br>ne name of                 | be listed is<br>the broke             | san<br>ror                   |
| Full Nar                          | ne (Last na                  | me first, if                                  | individual)                  |                                       |                               |   |                              |  | -                              | <u> </u>                                | · · · · · · · · · · · · · · · · · · · |                              |
| None                              |                              |   |                              |                                       |                               |   |                              |  |                                |   |                                       |                              |
| Busines                           | or Reside                    | nce Address                                   | s (Number                    | and Street,                           | City, State,                  | Zip Code)                               |                              |  |                                |   |                                       |                              |
| Name of                           | Associate                    | d Broker or                                   | Dealer                       | <del></del>                           |                               |   |                              |  | ·                              |   | -                                     |                              |
| States in                         | Which Pe                     | rson Listed                                   | Has Solicit                  | ed or Intend                          | ds to Solicit                 | Purchasers                              | ):                           |  |                                |   |                                       |                              |
| (Check                            | 'All States'                 | or check in                                   | ndividual S                  | tates)                                |                               |   |                              |  |                                |   | [                                     | ] All States                 |
| [AL]<br>[IL]<br>[MT]<br>[RI]      | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD]                  | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]          | [CO]<br>[I.A]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT]            | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                       | [FL]<br>[MI]<br>[OH]<br>[WV]   | [GA]<br>[NM]<br>[OK]<br>[WI]            | (HI)<br>(MS)<br>(OR)<br>(WY)          | [ID]<br>[MO]<br>[PA]<br>[PR] |
| Full Nar                          | ne (Last na                  | me first, if                                  | individual)                  |                                       | - <del> </del>                |   | <del>-</del>                 |  |                                |   |                                       |                              |
| Busines                           | or Reside                    | nce Address                                   | s (Number :                  | and Street,                           | City, State,                  | Zip Code)                               |                              |  |                                | ······                                  |                                       |                              |
| Name of                           | Associate                    | d Broker or                                   | Dealer                       |                                       |                               |   |                              | ·  |                                |   |                                       |                              |
| States in                         | Which Per                    | rson Listed                                   | Has Solicit                  | ed or Intend                          | ds to Solicit                 | Purchasers                              | ::                           |  |                                |   |                                       |                              |
| (Check '                          | 'All States'                 | or check in                                   | ndiviđual S                  | tates)                                | *************                 | • |                              |  |                                |   |                                       | ] All States                 |
| [AL]<br>[IL]<br>[MT]<br>[RI]      | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD]                  | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]          | [CO]<br>[LA]<br>[NM]<br>[UT]  | [CT]<br>[ME]<br>[NY]<br>[VT]            | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                       | [FL]<br>{M!]<br>[OH]<br>{WV]   | [GA]<br>[NM]<br>[OK]<br>[WI]            | (HI]<br>[MS]<br>[OR]<br>[WY]          | [ID]<br>[MO]<br>[PA]<br>[PR] |
| Full Nar                          | ne (Last na                  | me first, if                                  | individual)                  |                                       |                               |   |                              |  |                                |   |                                       |                              |
| Business                          | or Reside                    | nce Address                                   | (Number a                    | and Street,                           | City, State,                  | Zip Code)                               |                              |  |                                |   |                                       |                              |
| Name of                           | Associated                   | d Broker or                                   | Dealer                       | · · · · · · · · · · · · · · · · · · · | -4137/114                     |   |                              |  |                                |   |                                       |                              |
|                                   |                              |   |                              |                                       |                               |   |                              |  |                                |   |                                       |                              |
| States in                         | Which Per                    | rson Listed                                   | Has Solicit                  | ed or Intend                          | ls to Solicit                 | Purchasers                              | :                            |  |                                |   |                                       |                              |
| (Check '                          | 'All States'                 | or check in                                   | ndividual S                  | tat <b>e</b> s)                       |                               |   | *************                |  |                                |   | [                                     | ] All States                 |
| [AL]<br>[IL]<br>[MT]<br>[RI]      | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD]                  | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]          | [CO]<br>[LA]<br>[NM]<br>[UT]  | [CT]<br>[ME]<br>[NY]<br>[VT]            | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                       | [FL]<br>[MI]<br>[OH]<br>[WV]   | [GA]<br>[NM]<br>[OK]<br>[WI]            | [HI]<br>[MS]<br>[OR]<br>[WY]          | {ID]<br>{MO}<br>[PA]<br>[PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security                            |            | Aggregate<br>Offering Price |              | Amount<br>Already Sold |
|---|------------|-----------------------------|--------------|------------------------|
| Debt  |            |                             |              |                        |
| Equity                                      | <b>s</b> _ | 0                           | <b>S</b> _   | 0                      |
| [ ] Common [ ] Preferred                    |            |                             |              | 0                      |
| Convertible Securities (including warrants) | <b>s</b> _ | 0                           | <b>. . .</b> | 0                      |
| Partnership Interests                       | <b>s</b> _ | 8,687,775.90                | <b>S</b> _   | 5,932,437.71           |
| Other (Specify)                             | <b>s</b> _ | 0                           | <b>S</b> _   | 0                      |
| Total                                       | \$_        | 8,687,775.90                | <b>. s</b> _ | 5,932,437.71           |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

|   | Number<br>Investors |     | Aggregate Dollar Amount of Purchases |
|---|---------------------|-----|--------------------------------------|
| Accredited Investors                    | 51                  | _ s | 5,932,437.71                         |
| Non-accredited Investors                | 0                   | S   | 0                                    |
| Total (for filings under Rule 504 only) |                     | _ s |                                      |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

| Type of Offering | Type of Security | Dollar Amount<br>Sold |
|------------------|------------------|-----------------------|
| Rule 505         |                  | s                     |
| Regulation A     |                  | s                     |
| Rule 504         |                  | s                     |
| Total            |                  | s                     |

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| Transfer Agent's Fees                                | []  | s        | 0      |
|--|-----|----------|--------|
| Printing and Engraving Costs                         | [X] | s        | 2,500  |
| Legal Fees   | [X] | s        | 30,000 |
| Accounting Fees                                      | []  | s        | 0      |
| Engineering Fees                                     | []  | s        | . 0    |
| Sales Commissions (Specify finders' fees separately) | []  | s        | 0      |
| Other Expenses (identify)                            | []  | <b>s</b> | 0      |
| Total  | [X] | s        | 32,500 |

## C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| <ol> <li>Indicate below the amount of the adjusted gross<br/>each of the purposes shown. If the amount for<br/>the box to the left of the estimate. The total of<br/>to the issuer set forth in response to Part C-Que</li> </ol> | any purpose is not known, furnish an estin<br>the payments listed must equal the adjuste | rate and cl | heck  |               |                       |
|---|--|-------------|---|---------------|-----------------------|
|   |  |             | Payments to<br>Officers,<br>Directors &<br>Affiliates |               | Payments To<br>Others |
| Salaries and Fees   |  | []\$_       | 0   | []\$          | 0                     |
| Purchase of real estate   |  | []\$_       | 0   | []\$          | 0                     |
| Purchase, rental or leasing and installati  | on of machinery and equipment  | []\$_       | 0   | []\$          | 0                     |
| Construction or leasing of plant building   | gs and facilities  | []\$_       | 0   | []\$          | 0                     |
| Acquisition of other businesses (inc<br>involved in this offering that may be u<br>securities of another issuer pursuant to a   | sed in exchange for the assets or  | [ ]\$       | 0   | []\$          | 0                     |
| Repayment of indebtedness   |  | []\$        | 0   | <br>[]\$      | 0                     |
| Working capital   |  | []\$        | 0   | []\$          | 0                     |
| Other (specify) Investments   |  | []\$_       | 0   | [X] <b>\$</b> | 5,899,937.71          |
|   |  | []\$_       | 0   | []\$          | 0                     |
| Column Totals   |  | []\$_       | 0   | [X] \$        | 5,899,937.71          |
| Total Payments Listed (column totals ad   | D. FEDERAL SIGNATURE   |             | [X] \$5.  | 899,937.71    | _                     |
| The issuer has duly caused this notice to be signorsignature constitutes an undertaking by the issuer information furnished by the issuer to any non-acc  | to furnish to the U.S. Securities and Ex   | change Ci   | ommission, up   |               |                       |
|   |  |             | ····  |               |                       |
| suer (Print or Type) RIGHT-MEYERS 2007, LLC   | Signature () Sur-  | De De Julia |   |               |                       |
| ume of Signer (Print or Type)   | Title of Sigger (Print or Type)  |             |   |               |                       |
|   | aina Me  | mber, Brigh | t Interests   | Inc           |                       |

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

### E. STATE SIGNATURE

| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification | Yes | No  |
|--|-----|-----|
| provisions of such rule?   |     | [X] |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) BRIGHT-MEYERS 2007, LLC | Signature Date July 12007   |
|--|---|
| Name of Signer (Print or Type)  George Bright  | Title of Signer (Print or Type)  Principal Officer of Managing Member, Bright Interests, Inc. |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

| i     | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item I) |          | Type of security<br>and aggregate<br>offering price<br>offered in State<br>(Part C-Item I) |                                      | 4  Type of Investor and  amount purchased in State  (Part C-Item 2) |  |             |          |            |  |
|-------|--|----------|--|--------------------------------------|---|--|-------------|----------|------------|--|
| State | Yes  | No       |  | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount      | Yes      | No         |  |
| AL    |  | х        | LLC Membership<br>Interests  | 4                                    | \$353,572.28  | 0  | <b>\$</b> 0 |          | х          |  |
| ΑK    |  |          |  |                                      |   |  |             |          |            |  |
| AZ    |  |          |  |                                      |   |  |             |          |            |  |
| AR    |  |          |  |                                      |   |  |             | <u> </u> |            |  |
| CA    |  |          |  |                                      |   |  |             | <u> </u> |            |  |
| со    |  | <u>.</u> |  |                                      |   |  |             |          |            |  |
| СТ    | <u> </u>   |          |  |                                      |   |  |             |          |            |  |
| DE    |  |          |  |                                      |   |  |             |          |            |  |
| DC    |  |          |  |                                      |   |  |             |          | ļ          |  |
| FL    |  |          |  |                                      |   |  |             |          |            |  |
| GA    |  | х        | LLC Membership<br>Interests  | 7                                    | \$1,444,595,30  | 0  | <b>\$</b> 0 |          | х          |  |
| ні    |  |          |  |                                      |   |  |             |          |            |  |
| ID    |  |          |  |                                      |   |  |             |          |            |  |
| . IL  |  |          |  |                                      |   |  |             |          |            |  |
| IN    |  |          |  |                                      |   |  |             |          |            |  |
| 1A    |  |          |  |                                      |   |  |             |          |            |  |
| KS    |  |          |  |                                      |   |  |             |          |            |  |
| KY    |  |          |  |                                      |   |  |             | <u> </u> |            |  |
| LA    |  |          |  |                                      |   |  |             |          |            |  |
| МЕ    |  |          |  |                                      |   |  |             |          |            |  |
| MD    |  | Х        | LLC Membership<br>Interests  | 1                                    | <b>\$</b> 40,408.26   | 0  | \$0         |          | х          |  |
| МА    |  |          |  |                                      |   |  |             |          |            |  |
| МІ    |  |          |  |                                      |   |  |             |          |            |  |
| MN    |  |          | · · · · · · · · · · · · · · · · · · ·  |                                      |   |  |             |          |            |  |
| MS    | ļ  |          |  |                                      |   |  |             |          |            |  |
| мо    |  |          |  |                                      |   |  |             |          |            |  |
| МТ    |  |          |  |                                      |   |  |             |          |            |  |
| NE    |  |          |  |                                      |   |  |             |          | ļ <u>.</u> |  |
| NV    |  |          |  |                                      |   |  |             |          |            |  |

## APPENDIX

| 1     | Intend<br>non-ac<br>investor | 2<br>to sell to<br>ccredited<br>rs in State<br>3-ltem 1) | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of Investor and amount purchased in State (Part C-Item 2) |  |             |            | 5<br>allification<br>tate ULOE<br>s, attach<br>nation of<br>r granted<br>E-Item 1) |
|-------|------------------------------|--|--|--------------------------------------|--|--|-------------|------------|--|
| State | Yes                          | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount      | Yes        | No   |
| NH    |                              |  |  |                                      |  |  |             | İ          |  |
| NJ    |                              |  |  |                                      |  |  |             |            |  |
| NM    |                              |  |  |                                      |  |  |             |            |  |
| NY    |                              |  |  |                                      |  |  |             |            |  |
| NC    |                              |  |  |                                      |  |  |             |            |  |
| ND    |                              |  |  |                                      |  |  |             |            |  |
| ОН    |                              |  |  |                                      |  |  |             |            |  |
| ОК    |                              |  |  |                                      |  |  |             |            |  |
| OR    |                              |  |  |                                      |  |  |             |            |  |
| PA    |                              |  |  |                                      |  |  |             |            |  |
| RI    |                              |  |  |                                      |  |  |             | ļ <u>.</u> |  |
| sc    |                              |  |  |                                      |  |  |             |            |  |
| SD    |                              |  |  |                                      |  |  |             |            |  |
| TN    |                              | х  | LLC Membership<br>Interests  | 39                                   | \$4,093,861.87   | 0  | <b>\$</b> 0 |            | х  |
| TX    |                              |  |  |                                      |  |  |             |            |  |
| UΤ    |                              | ļ<br>  |  |                                      |  |  |             |            |  |
| VT    |                              |  |  |                                      |  |  |             |            |  |
| VA    |                              |  |  |                                      |  |  |             |            |  |
| WA    |                              |  |  |                                      |  |  |             |            |  |
| wv    |                              |  |  |                                      |  |  |             |            |  |
| WI    |                              |  |  |                                      |  |  |             |            |  |
| WY    |                              |  |  |                                      |  |  |             |            |  |
| PR    |                              |  |  |                                      |  |  |             | ]          |  |

