FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION 050 SECTION 4(6), AND/OR

2007

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden

hours per response 16.00

SEC USE ONLY Prefix DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION Name of Offering(check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Perquest, Inc. Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) 1333 Broadway, Suite 1015, Oakland, CA 94612 510-740-6322 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) same as above same as above Brief Description of Business Web-based Payroll Services Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 0 7 0 5 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

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 the 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.

State:

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 predictated on the filing of a federal notice.

> 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.

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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. Executive Officer □ Director Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Cannestra, Tony Business or Residence Address (Number and Street, City, State, Zip Code) c/o IGNITE Group Silicon Valley, 255 Shoreline Drive #510, Redwood City, CA 94065 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Farrington, Deborah A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o StarVest Partners, L.P., 750 Lexington Avenue, 15th Floor, New York, NY 10022 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter □ Director General and/or Managing Partner Full Name (Last name first, if individual) Mehta, Chetan P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oakmont Corporation, 865 S. Figueroa, Suite 700, Los Angeles, CA 90071 Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Sinton, Thomas H. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Beneficial Owner Executive Officer Check Box(es) that Apply: ☐ Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Mori, Barry T. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Curtis, Mark F. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Kudla Jr., Robert C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612

A. BASIC IDENTIFICATION DATA

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 General and/or Managing Partner Full Name (Last name first, if individual) Paterson, Cheryl Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Baker, Adrienne M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) DeFilipps, Thomas C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Wilson Sonsini Goodrich and Rosati, 650 Page Mill Road, Palo Alto, CA 94304 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) StarVest Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 750 Lexington Avenue, 15th Floor, New York, NY 10022 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Elon Musk Revocable Trust Dated 7/22/2003 Business or Residence Address (Number and Street, City, State, Zip Code) c/o Spacex, 1310 East Grand Avenue, El Segundo, CA 90245 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) David Ellis Kahn & Jana Kahn, Trustees of the Kahn Family Trust U/D/T dated 03/12/92 Business or Residence Address (Number and Street, City, State, Zip Code) 27868 Via Corita, Los Altos Hills, CA 94022 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Vermillion Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 51 Lane Court, Oakland, CA 94116

A. BASIC IDENTIFICATION DATA

2.	Ent			equested for the t		ing: as been organized w	rithin :	the past five years			
	•	-				_		•	10% or more of	a class	of equity securities of the issuer.
	•					orate issuers and of o		-			· ·
	•			managing partner	•			8		F	
Che	ck B	ox(es) tha	t Apply:	Promoter	[∑]	Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Bare			me first, i	findividual)							
						, City, State, Zip Co Angeles, CA 900		<u>··</u>	· · · · · · · · · · · · · · · · · · ·		
Che	ck B	ox(es) tha	t Apply:	Promoter	\boxtimes	Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
		ne (Last n Mountair		if individual) , L.P.					-	•	
				ess (Number and loor, New York		, City, State, Zip Co 10022	de)		_	·	
Che	ck B	ox(es) tha	t Apply:	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full	Nar	ne (Last n	ame first,	if individual)					_	,	
Busi	ness	or Reside	ence Addr	ess (Number and	Street	, City, State, Zip Co	de)				
Che	ck B	ox(es) tha	t Apply:	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full	Nar	ne (Last n	ame first,	if individual)							
Busi	iness	s or Resid	ence Addi	ess (Number and	Street	, City, State, Zip Co	de)				
Che	ck B	Sox(es) tha	it Apply:	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full	Nar	ne (Last n	ame first,	if individual)					-		
Busi	iness	s or Reside	ence Addı	ess (Number and	Street	, City, State, Zip Co	de)		-		•
Che	ck B	lox(es) tha	t Apply:	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full	Nar	ne (Last n	ame first,	if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)											
Che	ck B	lox(es) tha	it Apply:	Promoter		Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full	Nar	ne (Last n	ame first,	if individual)			_	····			-
Business or Residence Address (Number and Street, City, State, Zip Code)											

A. BASIC IDENTIFICATION DATA

B. INFORMATION ABOUT OFFERING							
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No					
Answer also in Appendix, Column 2, if filing under ULOE.		_					
What is the minimum investment that will be accepted from any individual?	\$ <u>0</u>						
	Yes	No					
 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a 		Ц					
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin	ng.						
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							
Full Name (Last name first, if individual) None							
Business or Residence Address (Number and Street, City, State, Zip Code)							
None ' Name of Associated Broker or Dealer							
None States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)		All States					
AL AK AZ AR CA CO CT DE DC FL D	GA HĪ	ID					
IL IN IA KS KY LA ME MD MA MI M	IN MS	МО					
MT NE VV NH NJ NM NY NC ND OH D	OK OR	PA					
RI SC SD TN TX UT VT VA WA WV V	wi wy	PR					
Full Name (Last name first, if individual) None							
Business or Residence Address (Number and Street, City, State, Zip Code) None							
Name of Associated Broker or Dealer None							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)		All States					
AL AK AZ AR CA CO CT DE DC FL 6	GA HI	ID					
	MS MS	MO					
	OK OR	PA					
RI SC SD TN TX UT VT VA WA WV V	WY WY	PR					
Full Name (Last name first, if individual) None							
Business or Residence Address (Number and Street, City, State, Zip Code) None							
Name of Associated Broker or Dealer None							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers							
(Check "All States" or check individual States)		All States					
AL AK AZ AR ICA CO CT DE DC FL D		ID					
	GA HI	片					
IL IN IA KS KY LA ME MD MA MI		MO PA					

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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 Offering Price	Amount Already Sold
	Debt\$		\$
	Equity\$	17,460,000.00	\$ <u>17,147,708.64</u>
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests\$		\$
	Other (Specify)\$		\$
	Total\$		
	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 Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	30	\$ 17,147,708.64
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	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 Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total	0	\$ 0
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 insurer. 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		\$
	Printing and Engraving Costs		\$
	Legal Fees	×	\$ 75,000.00
	Accounting Fees		\$
	Engineering Fees	· —	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	<u> </u>	\$
	Total		\$ 75,000.00
		_	

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

L	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	• •		\$_17,385,000.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ı		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		s	_ 🗆 s
	Purchase of real estate		□ s	_ 🗆 s
	Purchase, rental or leasing and installation of mac and equipment		□ \$	_ 🗆 \$
	Construction or leasing of plant buildings and faci	ilities	s	_ 🗆 s
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	□ s	_ 🗆 s
	Repayment of indebtedness			
	Working capital Other (specify):			
			□ s	s
	Column Totals		s	\$ <u>17,385,000</u>
	Total Payments Listed (column totals added)	∑ \$ <u>17,385,000.00</u>		
		D. FEDERAL SIGNATURE		***************************************
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur- information furnished by the issuer to any non-accre-	nish to the U.S. Securities and Exchange Commis	sion, upon writte	ale 505, the following in request of its staff,
Iss	uer (Print or Type)	Sjepsyfise	Date	
Pe	rquest, Inc.	Allomas (De place	July 12, 2007	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Th	omas C. DeFilipps	Secretary		

END

ATTENTION -

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