FORM D



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

# FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

|       | OMB API  | PROVAL |  |  |  |  |
|-------|--|--------|--|--|--|--|
| SION  | OMB Number:<br>Expires:<br>Estimated average b<br>hours per response |        |  |  |  |  |
| S     | SEC USI  | EONLY  |  |  |  |  |
|       | Prefix   | Serial |  |  |  |  |
| PTION | DATE RECEIVED  |        |  |  |  |  |

| Name of Offering ( check if this is an amendment ar  | nd name has changed, and indicate | change.)                               |                         | •                    |  |  |  |
|--|-----------------------------------|--|-------------------------|----------------------|--|--|--|
| Sale of Preferred Stock Warrants and Convertible Promissory Notes and any preferred stock or common stock issuable upon conversion thereof |                                   |  |                         |                      |  |  |  |
| Filing Under (Check box(es) that apply): Rule 504  | ☐ Rule 505                        | ☑ Rule 506                             | Section 4(6)            | ULOE NO.             |  |  |  |
| Type of Filing: New Filing   | endment                           |  | , j                     | 13.4                 |  |  |  |
|  | A. BASIC IDENTIFIC                | CATION DATA                            |                         | 1/                   |  |  |  |
| 1. Enter the information requested about the issuer.   |                                   |  | ;                       | 1. 7.                |  |  |  |
| Name of Issuer ( check if this is an amendment and   | name has changed, and indicate c  | hange.)                                | , <b>\</b> .            | (N)                  |  |  |  |
| Teneros, Inc.  |                                   |  |                         | Million Conference   |  |  |  |
| Address of Executive Offices   | (Number and Street, C             | City, State, Zip Code)                 | Telephone Number (Inclu | ding Area Code       |  |  |  |
| 321 East Evelyn Avenue, Mountain View, CA  | 94041                             |  | (650) 641-7400          |                      |  |  |  |
| Address of Principal Business Operations (if different from Executive Offices)   | City, State, Zip Code)            | Telephone Number (Including Area Code) |                         |                      |  |  |  |
| Brief Description of Business  |                                   |  |                         |                      |  |  |  |
| Provider of business continuity solutions for M  | Aicrosoft applications            |  |                         |                      |  |  |  |
| Type of Business Organization  |                                   |  |                         | DONCESSE             |  |  |  |
|  | d partnership, already formed     | other (                                | olease specify);        |                      |  |  |  |
| ☐ business trust ☐ limite  | d partnership, to be formed       |  | • •                     | ดน 20 รถสัง          |  |  |  |
| Actual or Estimated Date of Incorporation or Organizat<br>Jurisdiction of Incorporation or Organization:                                   | <del></del>                       | vice Abbreviation for S                | Actual Estimate tate:   | THUMSUN<br>FINANCIAL |  |  |  |

### **GENERAL INSTRUCTIONS**

#### 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. 77d(6).

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 in the notice constitutes a part of this notice and must be completed.

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|----|-----|-----|-----|

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.

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.

SEC 1972 (6-02)

| <b>A</b> . | BASIC | IDENTIFICAT | TION 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                        |                     | □ Director | General and/or Managing Partner      |  |  |  |  |  |
|--|------------------|---|---------------------|------------|--------------------------------------|--|--|--|--|--|
| Full Name (Last name first, if in  | idividual)       |   |                     |            |                                      |  |  |  |  |  |
| Lewis, Stephen J.  |                  |   |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) |                  |   |                     |            |                                      |  |  |  |  |  |
| c/o Teneros, Inc. @ 321 East Evelyn Avenue, Mountain View, CA 94041      |                  |   |                     |            |                                      |  |  |  |  |  |
| Check Box(cs) that Apply:  | Promoter         | Beneficial Owner                        | Executive Officer   | Director   | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first, if in Ocko, Matthew                          | idividual)       |   |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address  | (Number and Str  | eet, City, State, Zip Code)             | <del></del>         |            | +                                    |  |  |  |  |  |
| c/o Teneros, Inc. @ 321 East F   |                  | • | 1                   |            |                                      |  |  |  |  |  |
| Check Box(es) that Apply:  | Promoter         | Beneficial Owner                        | Executive Officer   | Director   | ☐ General and/or<br>Managing Partner |  |  |  |  |  |
| Full Name (Last name first, if in  | idividual)       |   |                     |            |                                      |  |  |  |  |  |
| Das, Saumitra K.   |                  |   |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address  | (Number and Str  | eet, City, State, Zip Code)             |                     |            |                                      |  |  |  |  |  |
| 3572 Geneva Drive, Santa Cla   | ra CA 95051      |   |                     |            |                                      |  |  |  |  |  |
| Check Box(es) that Apply:  | Promoter         | ☑ Beneficial Owner                      | Executive Officer   | Director   | ☐ General and/or  Managing Partner   |  |  |  |  |  |
| Full Name (Last name first, if in  | idividual)       | <del></del>                             |                     |            |                                      |  |  |  |  |  |
| New Enterprise Associates and  | d its affiliates | <u>= </u>                               |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address  | (Number and Str  | eet, City, State, Zip Code)             |                     |            | ·                                    |  |  |  |  |  |
| 2490 Sand Hill Road Menlo Pa   | ark, CA 94025    |   |                     |            |                                      |  |  |  |  |  |
| Check Box(es) that Apply:  | Promoter         | ⊠ Beneficial Owner                      | ☐ Executive Officer | Director   | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first, if in  | ndividual)       |   |                     |            |                                      |  |  |  |  |  |
| The Sevin Rosen Funds and it   | s affiliates     |   |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address  | (Number and Str  | eet, City, State, Zip Code)             |                     |            |                                      |  |  |  |  |  |
| Two Galleria Tower 13455 No  | el Road Suite 10 | 570 Dallas TX 75240                     |                     |            |                                      |  |  |  |  |  |
| Check Box(es) that Apply:  | Promoter         | ⊠ Beneficial Owner                      | Executive Officer   | Director   | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first, if in  | ndividual)       |   |                     |            |                                      |  |  |  |  |  |
| Star Ventures and its affiliates   | 5                |   |                     |            |                                      |  |  |  |  |  |
| Business or Residence Address  | •                |   |                     |            |                                      |  |  |  |  |  |
| Possartstrasse 9 D-81679 Mün   | chen; GERMA      | NY                                      |                     |            |                                      |  |  |  |  |  |
| Check Box(es) that Apply:  | Promoter         | ☐ Beneficial Owner                      | ☐ Executive Officer | □ Director | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first, if in  | ndividual)       |   |                     |            |                                      |  |  |  |  |  |
| Sharma, Rosen  |                  |   |                     |            | <u> </u>                             |  |  |  |  |  |
| Business or Residence Address  | •                |   |                     |            |                                      |  |  |  |  |  |
| c/o Teneros, Inc. @ 215 Castro Street 3rd Floor, Mountain View CA 94041  |                  |   |                     |            |                                      |  |  |  |  |  |

|  | A. BASIC IDENTII                        | FICATION DATA             |              |                                       |  |  |  |  |  |
|--|---|---------------------------|--------------|---------------------------------------|--|--|--|--|--|
| <ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |   |                           |              |                                       |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ☐ Beneficial Owner                      | Executive Officer         | ☑ Director   | General and/or Managing Partner       |  |  |  |  |  |
| Full Name (Last name first, if individual)  Sandell, Scott   |   | •                         |              |                                       |  |  |  |  |  |
| Business or Residence Address (Number and S  | treet, City, State, Zip Code)           | l                         |              |                                       |  |  |  |  |  |
| c/o New Enterprise Associates @ 2490 Sand  | Hill Road Menlo Park, CA                | A 94025                   |              |                                       |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ☐ Beneficial Owner                      | Executive Officer         | □ Director   | General and/or Managing Partner       |  |  |  |  |  |
| Full Name (Last name first, if individual)  Sturiale, Nicholas   |   |                           |              |                                       |  |  |  |  |  |
| Business or Residence Address (Number and S  | treet, City, State, Zip Code)           |                           |              |                                       |  |  |  |  |  |
| c/o The Sevin Rosen Funds @ Two Galleria   | Tower 13455 Noel Road S                 | uite 1670 Dallas TX 75240 | )            |                                       |  |  |  |  |  |
| Check Box(es) that Apply:  Promoter  | Beneficial Owner                        | ☐ Executive Officer       | □ Director   | General and/or Managing Partner       |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                           |              |                                       |  |  |  |  |  |
| Perrone, Peter   |   |                           |              |                                       |  |  |  |  |  |
| Business or Residence Address (Number and S  |   |                           |              |                                       |  |  |  |  |  |
| c/o Goldman Sachs & Co. @ 555 California   | Street, 45 <sup>th</sup> Floor, San Fra | ncisco, CA 94104          |              |                                       |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ☐ Beneficial Owner                      | Executive Officer         | □ Director   | ☐ General and/or  Managing Partner    |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                           |              |                                       |  |  |  |  |  |
| Barel, Meir  |   |                           |              | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| Business or Residence Address (Number and S  |   | )                         |              |                                       |  |  |  |  |  |
| c/o Star Ventures @ Possartstrasse 9 D-8167  |   |                           |              |                                       |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | ☐ Beneficial Owner                      | Executive Officer         | Director     | General and/or Managing Partner       |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                           |              |                                       |  |  |  |  |  |
| Goldman Sachs, Co. and its affiliates  |   |                           |              |                                       |  |  |  |  |  |
| Business or Residence Address (Number and S  | •                                       | )                         |              |                                       |  |  |  |  |  |
| 555 California Street, 45th Floor, San Franci  |   |                           | <del>_</del> | <del></del>                           |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | Beneficial Owner                        | Executive Officer         | ☐ Director   | General and/or Managing Partner       |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                           |              |                                       |  |  |  |  |  |
| Cadogan, Linda   |   |                           |              |                                       |  |  |  |  |  |
| Business or Residence Address (Number and S  |   |                           |              |                                       |  |  |  |  |  |
| c/o Teneros, Inc. @ 215 Castro Street 3rd Fl   | oor, Mountain View CA 9                 | 4041                      |              |                                       |  |  |  |  |  |
| Check Box(es) that Apply: Promoter   | Beneficial Owner                        | Executive Officer         | Director     | ☐ General and/or Managing Partner     |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |                           |              | -                                     |  |  |  |  |  |
| Business or Residence Address (Number and S  | treet, City, State, Zip Code)           | )                         |              |                                       |  |  |  |  |  |

| ,   |   | _         |                            |             | B. II        | NFORMAT                 | TION ABO   | UT OFFE       | RING     |              |                |             |      |
|---|---|-----------|----------------------------|-------------|--------------|-------------------------|------------|---------------|----------|--------------|----------------|-------------|------|
| 1. H  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE. |           |                            |             |              |                         |            |               |          |              | Yes            | No          |      |
| 2. W  | 2. What is the minimum investment that will be accepted from any individual?  |           |                            |             |              |                         |            |               |          |              |                | \$          | N/A  |
| 3. D  | 3. Does the offering permit joint ownership of a single unit?   |           |                            |             |              |                         |            |               |          |              |                | Yes<br>⊠    | No   |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. 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 N  | ame (La   | st name i | first, if indiv            | ridual)     |              |                         |            |               |          |              |                |             |      |
| Busine  | ess or Re   | sidence . | Address (Nu                | imber and S | Street, City | , State, Zip            | Code)      |               |          | _            |                |             |      |
| Name  | of Asso   | ciated Br | oker or Dea                | ler         |              | · · · · ·               |            |               |          |              | <del>.</del> . |             |      |
|   |   |           | Listed Has check indivi    |             |              |                         |            |               |          |              |                | <del></del> |      |
| (A)   |   | [AK]      | [AZ]                       | [AR]        | 5).<br>[CA]  | All Stat<br>[CO]        | ES<br>[CT] | [DE]          | [DC]     | [FL]         | [GA]           | [HI]        | [ID] |
| [11.  | [،  | [IN]      | [IA]                       | [KS]        | [KY]         | [LA]                    | [ME]       | [MD]          | [MA]     | [MI]         | [MN]           | [MS]        | [MO] |
| [M  | (T)   | [NE]      | [NV]                       | [NH]        | [NJ]         | [NM]                    | [NY]       | [NC]          | [ND]     | [OH]         | {OK}           | [OR]        | [PA] |
| [R  | I]  | [SC]      | [SD]                       | [TN]        | [TX]         | [UT]                    | [VT]       | [VA]          | [WA]     | [WV]         | [WI]           | [WY]        | [PR] |
| Full N  | ame (La   | st name   | first, if indiv            | ridual)     |              |                         |            |               | ····     |              |                |             |      |
| Busine  | ess or Re   | sidence.  | Address (Nu                | imber and S | Street, City | , State, Zip            | Code)      |               | <u> </u> |              |                |             |      |
| Name  | of Asso   | ciated Br | oker or Dea                | ler         |              |                         | <u> </u>   | <del></del> . |          | <del></del>  |                |             |      |
|   |   |           | Listed Has check indivi    |             |              | Solicit Pur<br>All Stat |            |               |          | <del>.</del> |                |             |      |
| [A  |   | [AK]      | [AZ]                       | [AR]        | [CA]         | [CO]                    | [CT]       | [DE]          | [DC]     | [FL]         | [GA]           | [HI]        | [ID] |
| [11]  | _]  | [IN]      | [IA]                       | [KS]        | [KY]         | [LA]                    | [ME]       | [MD]          | [MA]     | [MI]         | [MN]           | [MS]        | [MO] |
| [M  | IT]   | [NE]      | [NV]                       | [NH]        | [NJ]         | [NM]                    | [NY]       | [NC]          | [ND]     | [OH]         | [OK]           | [OR]        | [PA] |
| [R  | I]  | [SC]      | [SD]                       | [TN]        | [TX]         | [UT]                    | [VT]       | [VA]          | [WA]     | [WV]         | [WI]           | [WY]        | [PR] |
| Full N  | ame (La   | st name   | first, if indiv            | ridual)     |              |                         |            |               |          |              |                |             |      |
| Busine  | ess or Re   | sidence . | Address (Nu                | ımber and S | Street, City | , State, Zip            | Code)      |               |          |              |                |             |      |
| Name  | of Asso   | ciated Br | oker or Dea                | ler         |              |                         |            |               |          |              |                | •           |      |
|   |   |           | Listed Has<br>check indivi |             |              | Solicit Pur<br>All Stat |            |               |          |              |                | ·           |      |
| (A)   |   | [AK]      | [AZ]                       | [AR]        | [CA]         | [CO]                    | [CT]       | [DE]          | [DC]     | [FL]         | [GA]           | [HI]        | [ID] |
| [IL]  | [ر  | [IN]      | [IA]                       | [KS]        | [KY]         | [LA]                    | [ME]       | [MD]          | [MA]     | [MI]         | [MN]           | [MS]        | [MO] |
| [M  | ſT]   | [NE]      | [NV]                       | [NH]        | [[1]         | [NM]                    | [NY]       | [NC]          | [ND]     | [OH]         | [OK]           | [OR]        | [PA] |
| [R  | I]  | [SC]      | [SD]                       | [TN]        | [TX]         | [UT]                    | [VT]       | [VA]          | [WA]     | [WV]         | [WI]           | [WY]        | [PR] |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF  | PROCEEDS                    |                                     |
|----|--|-----------------------------|-------------------------------------|
| l. | 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 Already<br>Sold              |
|    | Debt   | \$ 9,999,932.82             | \$ 9,999,932.82                     |
|    | Equity   | \$                          | \$                                  |
|    | ☐ Common ☐ Preferred   |                             |                                     |
|    | Convertible Securities (including warrants)  | \$ 24,999.83                | \$ 24,999.83                        |
|    | Partnership Interests  | \$                          |                                     |
|    | Other (Specify)  | •                           | · • ———                             |
|    | Total  | \$ 10.02.1.932.65           | \$ 10,024,932.65                    |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | \$ <u>10,024,932.03</u>     | \$ 10,024,932.05                    |
| 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."             |                             | Aggregato                           |
|    |  | Number<br>Investors         | Aggregate Dollar Amount of Purchase |
|    | Accredited Investors   | 7                           | \$ 10,024,932.65                    |
|    | Non-accredited Investors   | 0                           | \$0.00                              |
|    | Total (for filings under Rule 504 only)  | 0                           | \$ N/A                              |
|    | 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.   | f                           |                                     |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold               |
|    | Rule 505   | Security                    | \$                                  |
|    | Regulation A   |                             | \$                                  |
|    | Rule 504   |                             | \$                                  |
|    | Total  |                             | \$ 0.00                             |
|    |  |                             | Ψ 0.00                              |
| 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 at estimate and check the box to the left of the estimate. | /                           |                                     |
|    | Transfer Agent's Fees  |                             | \$                                  |
|    | Printing and Engraving Costs   |                             | \$                                  |
|    | Legal Fees   | $\boxtimes$                 | \$ 5,000.00                         |
|    | Accounting Fees  |                             | \$                                  |
|    | Engineering Fees   |                             | \$                                  |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$                                  |
|    | Other Expenses (identify)  |                             | \$                                  |
|    | Total  | oxtimes                     | \$ 5,000.00                         |

|      | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F   | 'RO         | CEEDS  |             |                |           |
|------|---|-------------|--|-------------|----------------|-----------|
|      | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  | ;           |  | \$          | 10,019         | ,932.65   |
| 5.   | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | :           |  |             |                |           |
|      |   |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates |             | Paymei<br>Othe |           |
|      | Salaries and fees   |             | \$   |             | \$             | 0.00      |
|      | Purchase of real estate   |             | \$ 0.00  |             | \$             | 0.00      |
|      | Purchase, rental or leasing and installation of machinery and equipment   |             | \$ 0.00  |             | \$             | 0.00      |
|      | Construction or leasing of plant buildings and facilities   |             | \$ 0.00  |             | \$             | 0.00      |
|      | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  |             | \$   |             | <b>s</b>       | 0.00      |
|      | Repayment of indebtedness   |             | \$ 0.00  |             | \$             | 0.00      |
|      | Working capital   | $\boxtimes$ | \$   | $\boxtimes$ | \$10,01        | 9,932.00  |
|      | Other (specify):  |             |  |             |                | 0.00      |
| Coli | umn Totals  |             |  |             |                | 19,932.00 |
|      | Total Payments Listed (column totals added)   |             |  |             | 19,932.        |           |

| т.  | <b>FEDER</b> | AT CI | TANK A | TIBE |
|-----|--------------|-------|--------|------|
| IJ. | FEUER        | AL O  | (II) A | HUKE |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)         | Signature                       | Date            |
|--------------------------------|---------------------------------|-----------------|
| Teneros, Inc.                  | Mada Mada an                    | July //, 2007   |
| ,                              |                                 | 1 00.3 2.3 200. |
| Name of Signer (Print or Type) | Title or Signer (Print or Type) |                 |
| Linda Cadogan                  | Vice President, Finance         |                 |
| · ·                            |                                 |                 |

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 pro  | esently subject to any of the disqualification provisions of such rule? | Yes | No<br>⊠ |  |  |  |  |  |
|                                      | 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 gaused this notice to be signed on its behalf by the undersigned duly authorized person.   |   |     |         |  |  |  |  |  |
| Issuer (Print or Type) Teneros, Inc. |   | Signature Made gm Date July   |     |         |  |  |  |  |  |
|                                      | ne (Print or Type)  | Nitte Print or Type)  |     |         |  |  |  |  |  |
| Lin                                  | da Cadogan  | Vice President, Finance   |     |         |  |  |  |  |  |

#### 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

| 1     |  | 2  | 3  |  |                | 4  |           |   | 5  |
|-------|--|----|--|--|----------------|--|-----------|---|--|
| State | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item 1) |    | Type of security<br>and aggregate<br>offering price  | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                |  |           | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |  |
|       | Yes  | No | Sale of Preferred Stock Warrants and Convertible Promissory Notes and any preferred stock or common stock issuable upon conversion thereof | Number of<br>Accredited<br>Investors                                 | Amount         | Number of<br>Non-Accredited<br>Investors         | Amount    | Yes   | No   |
| AL    |  |    |  |  |                |  | _         |   |  |
| AK    |  |    |  |  |                |  | , <u></u> |   |  |
| AZ    |  |    |  |  |                |  |           |   |  |
| AR    |  |    |  |  |                |  |           |   |  |
| CA    |  | Х  | \$571,425.00   | 1  | \$571,425.00   | 0  | \$0.00    |   | X  |
| СО    |  |    |  |  |                |  |           |   |  |
| СТ    |  |    |  |  |                |  |           |   |  |
| DE    |  |    |  |  |                |  |           |   |  |
| DC    |  |    |  |  |                |  | •••       |   |  |
| FL    |  |    |  |  |                |  |           |   |  |
| GA    |  |    |  |  |                |  |           |   |  |
| НІ    |  |    |  |  |                |  |           |   |  |
| ID    |  |    |  | <u> </u>   |                |  |           |   |  |
| IL    |  | х  | \$5,012,500.00   | 1  | \$5,012,500.00 | 0  | \$0.00    |   | Х  |
| IN    |  |    |  |  |                |  |           |   |  |
| IA    |  |    |  |  |                |  |           |   |  |
| KS    |  |    |  |  |                |  |           |   |  |
| KY    |  |    |  |  |                |  |           |   |  |
| LA    |  |    |  |  |                |  |           |   |  |
| ME    |  |    |  |  |                |  | _         |   |  |
| MD    | 1  | X  | \$1,679,688.75   | 1  | \$1,679,688.75 | 0  | \$0.00    |   | X  |
| MA    |  |    |  |  | <u> </u>       |  |           |   |  |
| MI    |  |    |  |  |                |  |           |   |  |
| MN    |  |    |  |  |                | <del>                                     </del> |           | +   | <del>                                     </del> |
| MS    |  |    |  |  | -              |  |           |   | <del>                                     </del> |

## APPENDIX

| 1     | 2  |    | 3   | 4  |                |  |        |     | 5   |  |  |
|-------|--|----|---|--|----------------|--|--------|-----|---|--|--|
|       | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item 1) |    | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1)      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                |  |        |     | ification ate ULOE , attach ation of granted -Item 1) |  |  |
| State | Yes  | No | Sale of Series C<br>Preferred Stock and any<br>common stock issuable<br>upon conversion thereof | Number of<br>Accredited<br>Investors                                 | Amount         | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No  |  |  |
| МО    |  |    |   |  |                |  |        |     |   |  |  |
| MT    |  |    |   |  |                |  |        |     |   |  |  |
| NE    |  |    |   |  |                |  |        |     |   |  |  |
| NV    |  |    |   |  |                |  |        |     |   |  |  |
| NH    |  |    |   |  |                |  |        |     |   |  |  |
| lИ    |  |    |   |  |                |  |        |     |   |  |  |
| NM    |  |    |   |  |                |  |        |     |   |  |  |
| NY    |  |    |   |  |                |  | ,,     |     |   |  |  |
| NC    |  |    |   |  |                |  |        |     |   |  |  |
| ND    |  |    | 1   |  |                |  |        |     |   |  |  |
| ОН    |  |    |   |  |                |  |        |     |   |  |  |
| ОК    |  |    |   |  |                |  |        |     |   |  |  |
| OR    |  |    |   |  |                |  |        |     |   |  |  |
| PA    |  |    |   |  |                |  |        |     |   |  |  |
| RI    |  |    |   |  |                |  |        |     |   |  |  |
| SC    |  |    |   |  |                |  |        |     |   |  |  |
| SD    |  |    |   |  |                |  |        |     |   |  |  |
| TN    |  |    |   | ·  |                |  |        |     |   |  |  |
| TX    |  | X  | \$1,679,688.75  | 2  | \$1,679,688.75 | 0  | \$0.00 |     | Х   |  |  |
| UT    |  |    |   |  |                |  |        |     | <u> </u>  |  |  |
| VT    |  |    |   | <u></u>  |                |  |        |     |   |  |  |
| VA    |  | 1  |   |  |                |  |        |     |   |  |  |
| WA    |  |    |   |  |                |  |        |     |   |  |  |
| wv    |  |    |   |  |                |  |        |     |   |  |  |
| WI    |  | 1  |   |  |                |  |        |     |   |  |  |

# APPENDIX

| 1       | 2  |   | 3 4   |  |              |  |        | 5  |    |
|---------|--|---|---|--|--------------|--|--------|--|----|
| State   | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item I) |   | Type of security and aggregate offering price offered in state (Part C-Item 1)                  | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |              |  |        | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted<br>(Part E-Item 1) |    |
|         | Yes  |   | Sale of Series C<br>Preferred Stock and any<br>common stock issuable<br>upon conversion thereof | Number of<br>Accredited<br>Investors                                 | Amount       | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No |
| WY      |  |   |   |  |              |  |        | 1  |    |
| PR      |  |   |   |  |              |  |        |  |    |
| Israel  |  | X | \$105,329.73  | 1  | \$105,329.73 | 0  | \$0.00 |  | X  |
| Germany |  | X | \$976,300.42  | 1  | \$976,300.42 | 0  | \$0.00 | 1  | X  |

