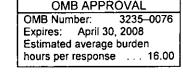
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D





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

SEC USE ONLY							
Prefix		Serial					
DATE	RECEI	/ED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series D Preferred Stock and underlying Common Stock issuable upon conversion thereof	
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE- HEC PARTY
Type of Filing: New Filing Amendment	18
A. BASIC IDENTIFICATION DATA	· Sat. 1
1. Enter the information requested about the issuer	1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Dilithium Networks, Inc.	NOS 23 188
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5401 Old Redwood Highway, Suite 100, Petaluma, CA 94954	(707) 792-3900
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	·
Providing solutions for interconnecting networks, efficient transport of voice, video and d	ata.
Type of Business Organization	
	(please specify):
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization:  0 5 0 1	Actual
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for	other foreign jurisdiction) C A

#### 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 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.

			A. BASIC IDENT	IFICATION DATA					
2. Ent	<ul> <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> </ul>								
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Nan	ne (Last name first, if Zuber, Paul A.	individual)							
Business			eet, City, State, Zip Code) Id Redwood Highway, St	uite 100, Petaluma, CA 94	954				
Check B	ox(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Nan	ne (Last name first, if Jabri, Marwan	individual)							
Business			ect, City, State, Zip Code) Id Redwood Highway, S	uite 100, Petaluma, CA 94	954				
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Nan	ne (Last name first, if Begun, Michael	individual)							
Business			cet, City, State, Zip Code)						
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Nan	ne (Last name first, if Ryan, Robert	individual)							
Business			ect, City, State, Zip Code)	on Belt Way, Hamilton, N	1T 59840				
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Nan	ne (Last name first, if Rust, Christopher								
Business			cet, City, State, Zip Code) 735 Sand Hill Road, Me						
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Nar	ne (Last name first, if Delany, Gerard	`individual)	···						
Business			eet, City, State, Zip Code)		_				
				uite 100, Petaluma, CA 94					
Check B	lox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)									
	Kozel, Edward R.					4			
Business	Business or Residence Address (Number and Street, City, State, Zip Code) c/o Integrated Finance Limited, 1083 Vine Street, #269, Healdsburg, CA 95448								
	CO Integrated Fills			litional copies of this shee	t, as necessary.)				

		A. BASIC IDENT	IFICATION 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 Bush, Tim	individual)						
Business or Residence Addres			uite 100, Petaluma, CA 94	954			
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 Addre	ss (Number and Str	eet, City, State, Zip Code)					
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 Addre	ss (Number and Str	eet, City, State, Zip Code)					
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 Addre	ss (Number and Str	reet, City, State, Zip Code)					
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 Addre	ss (Number and Str	cet, City, State, Zip Code)					
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 Street, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
	(Use blank	sheet, or copy and use add	litional copies of this sheet,	, as necessary.)			

Page 2 of 5**C** 

					B	INFO	MATION	AROUT	FFERING					
			<del></del>			. INFO	MATION	ABOUT	TTERING				Van	No
1. 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.														
2. What is the minimum investment that will be accepted from any individual?								Applica	able					
3.	B. Does the offering permit joint ownership of a single unit?								••••	Yes ⊠	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 the broker or dealer only.													
Full		•	ne first, if		)									
Busi	iness o	r Residen	ce Addres	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)						
			en Lane, S	•			<b>,,</b>	- /						
Nan	ne of A	ssociated	Broker or	Dealer										
	ď	1/a												
							icit Purchas							
((	Check '	"All State	s" or check	c individua	al States)				,			All States		
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[M	[T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	1
[ R	[]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	.]
Full	Name	(Last nar	ne first, if	individual	)					.,				
	N	Montgom	ery & Co.	LLC										
Busi				•			te, Zip Cod o, CA 9411							
Nam			Broker or	·			,	-						
		n/a												
State			son Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	ers	· · · · · ·		<del>.</del>			
												All States		
[A	Ll	[AK]	[AZ]	[AR]	[CA]	fC01	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	HD	1
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	, [T]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[ОК]	[OR]	[PA	_
[R	-	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	
			ne first, if	individual	)			<del></del> .			<u> </u>		·	
Due	inass a	r Decider	oo Addros	s (Number	and Stree	t City Sta	te, Zip Cod	<u></u>						
Dus	111055 0	i Kesiden	ice Addres.	s (Mullioci	and succ	і, спу, за	iic, zip cod							_
Nan	ne of A	ssociated	Broker or	Dealer										
C+-+	aa i 11	JLiah Dan	oon Linta d	Una Calia	itad on Int	ande to Sal	ioit Duraha	ore	<u> </u>				-	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)								All States						
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	{DC}	[FL]	[GA]	[HI]	{ I D	]
[]	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M0	)]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEED:	S		
1.	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 $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Pri	ce	Amount A	_
	Debt	\$	-0-	\$	-0-
	Equity	\$17,000,001	.54	\$16,584,99	8.25
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	-0-	\$	-0-
	Other (Specify)	\$	-0-	\$	-0-
	Total	\$17,000,001	.54	\$16,584,99	<del></del> 98.25
	Answer also in Appendix, Column 3, if filing under ULOE.			* <u>==,==,</u>	
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		Aggrega Dollar Amo of Purcha	ount
	Accredited Investors	9	_	\$16,584,998	.25
	Non-accredited Investors	-0-	_	\$	-0-
	Total (for filings under Rule 504 only)	N/A		\$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.				
	Type of offering	Type of Security		Dollar Ame Sold	ount
	Rule 505	N/A		\$ <u>N/A</u>	
	Regulation A	N/A		\$ <u>N/A</u>	
	Rule 504	N/A		\$ <u>N/A</u>	
	Total	N/A	<u>.</u>	<u>N/A</u>	
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			\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		$\boxtimes$	\$70,000	
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finder's fees separately)			\$459,270.3	6
	Other Expenses (identify)	******		\$	-0-
	Tr. e. I.		$\nabla$	\$520 270 3	6

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	AND USI	E OF PROCEEL	os	
	Question 1 and total expenses furnished in re-	gate offering price given in response to Part C - esponse to Part C - Question 4.a. This differe	ence is the	e	\$ _	16,470,731.18
5.	used for each of the purposes shown. If t estimate and check the box to the left of t	gross proceeds to the issuer used or propose he amount for any purpose is not known, fur he estimate. The total of the payments liste souer set forth in response to Part C - Questi	nish an ed must			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		□ \$	-0-		\$ -0-
	Purchase of real estate			-0		-0-
	Purchase, rental or leasing and installat	ion of machinery and equipment	□ \$	-0-		\$ -0-
			🗆 💲	-0-		\$ -0-
	offering that may be used in exchange f	g the value of securities involved in this or the assets or securities of another		-0-		\$ -0-
			\$_	-0-	<del></del>	\$ -0-
			□ \$_	-0-	_	\$16,470,731.18
	<b>6</b> 1					· · · · · · · · · · · · · · · · · · ·
			□ <b>\$</b> _	-0-		\$
			□ \$_	-0-		\$16,470,731.18
	Total Payments Listed (column totals ac	dded)	_	-0-		\$16,470,731.18
		D. FEDERAL SIGNATURE				
fol	lowing signature constitutes an undertaking by	ened by the undersigned duly authorized person the issuer to furnish to the U.S. Securities and any non-accredited investor pursuant to parag	d Exchan	ge Commission,	d unde upon v	er Rule 505, the vritten request of
Iss	uer (Print or Type)	Signature	Г	Date		
Dil	ithium Networks, Inc.	1 (/m=	J	July <u>9</u> , 2007		
Na	me of Signer (Print or Type)	Title of Signer (Bant or Type)				
Jac	ck J. McGovern	Chief Financial Officer				

**ATTENTION** 

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