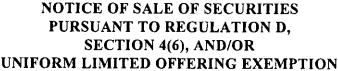
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



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OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden hours per response.....16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Rockies Region 2007 Limited Partnership	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE STATE MAN COL
A. BASIC IDENTIFICATION DATA	15 Min 1811
1. Enter the information requested about the issuer	12.
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Rockies Region 2007 Limited Partnership	100
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
120 Genesis Boulevard, P.O. Box 26, Bridgeport, West Virginia 26330	(304) 808-6249
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	
Drilling, owning and operating natural gas and oil wells	
Type of Business Organization corporation	please specify): PROCESSE!
Actual or Estimated Date of Incorporation or Organization: OI5 OI7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated SUL 2 6 2007 THOMSON 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.

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.

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.

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2. Enter the information re	equested for the fo	llowing:			
 Each promoter of 	the issuer, if the is	suer has been organized v	vithin the past five years;		
 Each beneficial ow 	mer having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	fa class of equity securities of the issuer
 Each executive off 	ficer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
 Each general and r 	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Petroleum Development					
Business or Residence Addre 120 Genesis Boulevard,	•		•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Williams, Steven R.	f individual)				
Business or Residence Addre 120 Genesis Boulevard, F		-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Riley, Thomas E.	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
120 Genesis Boulevard, F	P.O. Box 26, Bri	dgeport, West Virginia	a 26330		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Swoveland, Jeffrey C.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
120 Genesis Boulevard,	P.O. Box 26, B	ridgeport, West Virginl	a 26330		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i D'Annunzio, Vincent F.	f individual)				
Business or Residence Addre	•	• • • •	*		
120 Genesis Boulevard, I	P.O. Box 26, Br	Idgeport, West Virginia	a 26330		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
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Business or Residence Addres 120 Genesis Boulevard,		• • • • • • • • • • • • • • • • • • • •			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Parke, David C.	f individual)				
Business or Residence Addres 120 Genesis Boulevard, F	•				

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 Each beneficial of 	wner having the pov	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more o	faclass of equity securities of the issuer.
 Each executive to 	fficer and director (of corporate issuers and of	f corporate general and ma	naging partners of	partnership issuers; and
 Each general and 	l managing partner (of partnership issuers.			
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Business or Residence Add 120 Genesis Boulevard	•				
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Full Name (Last name first McCullough, Richard V					
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first Stump, Darwin L.	, if individual)				
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B. INFORMATION ABOUT OFFERING													
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No
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B. INFORMATION ABOUT OFFERING												
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B. INFORMATION ABOUT OFFERING													
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	Full Name (Last name first, if individual)												
Equity Services, Inc. Business or Residence Address (Number and Street, City, State, Zip Code)													
Business or Residence Address (Number and Street, City, State, Zip Code) National Life Drive, Montpelier, VT 05604													
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	commi If a per or state	ssion or sin son to be li s, list the n er or dealer	nilar remus sted is an a ame of the	neration fo ssociated broker or	r solicitatio person or a dealer, lf 1	on of purch gent of a bi nore than f	asers in cor roker or dea ive (5) pers	inection wi iler register sons to be li	th sales of s ed with the sted are as:	securities in SEC and/	i the offeri	ng.	
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		Residence	Address (Number a	nd Street,	City, State,	Zip Code)					
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Nam	e of As	sociated B	roker or D	caler							•		
State	es in Wi	nich Person	Listed H	as Solicite	d or Intend	ls to Solici	t Purchase	rs					
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	•	Last name i	first, if ind	ividual)				 -					
	our Fina	ncial Residence	A d d C	None b	- d C A (3' 0	71 6 11						
		ersity Blv					Zip Code)						
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					PER.	NINFORM	TION ABO	1047(0)460	RING				
1.	Has the	e issuer so	ld, or does (the issuer	intend to	sell, to nor	-accredite	d investors	in this off	ering?		Yes	No ¬
			,						g under UI	-	***********	📙	Ø
2.	What is	s the minir	num investi	nent that	will be ac	cepted from	n any indiv	iduel?		H 5244 24 24 54544	************	\$ <u>20</u>	00.00
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	commit If a pers or state	ssion or sin son to be li s, list the n	nilar remund sted is an as ame of the b , you may s	ration for sociated p roker or	rsolicitatio person or a dealer. If n	on of purch: gent of a br nore than f	asers in con oker or dea ive (5) pers	nection wi ler register ons to be li	th sales of s ed with the sted are ass	ecurities in SEC and/o	the offeri	ng. ate	
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Nan	ne of Ass	sociated B	roker or De	eler .									
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		ast name fi id Securit	rst if indiv	idual)							V		
			Address (Ni	ımber anı	l Street, C	ity, State,	Zip Code)	 .					
			th Floor, Is		<u> </u>							~~	
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			歌遊師		INFORM	ATION AB	OUROFFE	RING				
I. Has t	the issuer s	old, or doe	s the issue:	r intend to	sell, to no	n-accredite	d investors	in this off	ering?		Yes	No ✓
		·						g under UI	-		[]	U
2. What	t is the min	imum inve	strucnt that	will be ac	cepted from	n any indi	ridual?		******************	************	\$ <u>20</u>	.000.00
3. Does	the offerin	a namit ia	int assume	hin of a al			•				Yes	No
	the inform											
comm If a pe or sta	nission or si erson to be l tes, list the ker or deale	milar remu listed is an a name of the	neration fo associated ; broker or	r solicitatio person or a dealer. If r	on of purch: gent of a br nore than f	asers in con oker or dea ive (5) pers	nection wi der register ons to be il	th sales of s ed with the sted are as:	ecurities in SEC and/	the offeri	ig. ate	
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Royal Allian	nce Associa		North and an	rd Paras (7144 64-4-	71- 0-1.1						
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	過程			B (49)	INFORMA	TIONABO	OFFE THE STATE	RING - 3				
l. Hasth	ne issuer so	old, or does	the issuer	intend to	sell, to non	-accredites	d investors	in this offe	ring?		Yes	No [√]
		,						g under UI	_	************	[]	[V]
2. What	is the mini	mum inves	tracut that	will be ac	cepted fron	any indiv	'ldual?		*********	****************	\$ <u>20</u>	00.00_
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211700					B	INFORMA	TION ABO	ut offei	RING				
1.	Hac the	e issner en	ld or does	the issuer	intend to	sell, to non	-accredited	investors	in this offe	ein e?		Yes	No.
	***********	J 1001101 30	12, 01 2023			in Append				_	****************	📮	₹
2.	What is	s the mini	num invest			epted fron					*******************************	\$20,	000.00
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4.	If a person state	ssion or sir son to be li s, list the n	nilar remun sted is an a same of the	eration for ssociated p broker or	r solicitatio person or a dealer. If n	who has been of purchasent of a bronce than fition for that	sers in com oker or deal ve (5) perso	nection wit or register ons to be li	h sales of se ed with the sted are ass	curities in SEC and/o	the offerin	g. ite	
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is in the service of the	to in the section of the first first before	ng and section In I	Marchael Con-	Mark String Sec.	<u> </u>	भवत्त्व कार्याः वर्धन्तिस्वतः		and the second	T STANSA		Yes	No
1. Has	the issuer so	old, or doc	s the issue	intend to	sell, to nor	1-accredite	d investors	in this off	cring?	*************************	🗀	₹
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or sta	ites, list the i ker or deale	name of the	: broker or : set forth t	dealer. If : he inform:	more than f	ive (5) pers	ons to be li	sted are ass	ociated pe	rsons of su	ıch	
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	or Residenc ng Valley R			-	• • •	Zip Code)						
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Full Name	(Last name	first, if ind	ividual)	 -				-			 .	
	ancial Grou	•	•									
	r Residence				-	Zip Code)						
	State Road			gwood, Fl	32779	<u> </u>						
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					B.	INFORM	TION ABO	DE OFFE	RING		A. F.			
1.	Has the	e issuer so	ld, or does	the issuer	intend to	sell, to non	-accredite	d investors	in this offe	ring?	************	Yes	No ✓	
					_	in Append				-			Ľ	
2.	What i	s the mini	num invest	ment that	will be ac	cepted from	n any indiv	vidual?		***************************************	*********	\$ <u>20</u>	,000.00	
3,	Does ti	he offering	permit joi	nt owners	hip of a sin	ngle unit? .						Yes [₹	No	
4.	Enter t	he informa	tion reques	sted for ea	ch person	who has b	een or will	be paid or	r given, dir	ectly or in	idirectly, a	שמע		
	if a person state	ssion or sin son to be li s, list the n	nilar remun sted is an as ame of the l , you may :	eration for sociated p broker or o	solicitatio erson or a icaler. If n	on of purcha gent of a br nore than fi	isers in con oker or dea ive (5) pers	nection wit ler register ons to be li	th sales of s ed with the sted are ass	ccurities in SEC and/o	the offeri	ng. ste		
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Vame	A Diable of Asso	Avenue,	Suite 170, I ker or Deal	Novato, C	A 94947			-						- -
Name States	A Diable of Asso	Avenue, sociated Brook	Suite 170, I	Novato, C ler Solicited (A 94947	to Solicit F	urchasers				*************	[7] AII	States	_
Name States ((A Diable of Asso in Which	Avenue, sciated Broch Person l	Suite 170, I ker or Deal Listed Has or check in	Novato, Colorited of adividual in	or Intends	to Solicit F	urchasers					_		_
Name States ((A Diable of Asso	Avenue, sociated Brook	Suite 170, I ker or Deal Listed Has	Novato, C ler Solicited (A 94947	to Solicit F	ourchasers CT	DE MD	DC	FL	GA MN	H		-
States ((A Diable of Asso in Which Check "A	Avenue, a ciated Broch Person I All States"	Suite 170, I ker or Deal Listed Has or check in	Novato, Coloridad of the color	or Intends States)	to Solicit F	urchasers	DE			GA MN OK	_		_

1. Has the issuer sold, or does the issuer intend to sell, to non-accre	Yes No ited investors in this offering?
Answer also in Appendix, Co	
2. What is the minimum investment that will be accepted from any	dividual?\$20,000.00
Does the offering permit joint ownership of a single unit?	Yes No
4. Enter the information requested for each person who has been or	vill be paid or given, directly or indirectly any
commission or similar remuneration for solicitation of purchasers in If a person to be listed is an associated person or agent of a broker or states, list the name of the broker or dealer. If more than five (5) a broker or dealer, you may set forth the information for that broker or dealer,	connection with sales of securities in the offering. Bealer registered with the SEC and/or with a state ersous to be listed are associated persons of such
Full Name (Last name first, if individual)	
Investors Capital Business or Residence Address (Number and Street, City, State, Zip C	de)
230 Broadway, Lynnfield, MA 01940	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purch	sers .
(Check "All States" or check individual States)	☐ All States
Full Name (Last name first, if individual)	
LPL Financial Services Business or Residence Address (Number and Street, City, State, Zip C	ic)
One Beacon Street, 22nd Floor, Boston, MA 02108	·
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purcha	
(Check "All States" or check individual States)	All States
AL AK AZ AR CA CO C L IN IA KS KY LA M MT NE NY NH NJ NM N RI SC SD IN TX UT V	DE DC FL GA HI D MD MA MI MN MS MO NC ND OH OK OR PA YA WA WV WI WY PR
Full Name (Last name first, if individual)	
H. Beck, Inc.	
Business or Residence Address (Number and Street, City, State, Zip Co 1140 Rockville Pike, Rockville, MD 20852	=)
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purcha.	rs
(Check "All States" or check individual States)	
AL AK AZ AR CA GÓ CT IL IN IA KS KY LA ME MT NE NV NH MO NM NY RI GĆ SD TN TX UT VT	DE DC FL GA MI ID MO MA MI MN MS MO NC ND GH OK OR MA YA WA WY WI WY PR

					В.	INFORM	ATION AB	00480551	RING				
1.								d investors				Yes	No
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2.	What	is the mini	mum inves					vidual?				\$ 20	,00.000,
_												Ves	No
3.													
4.	lf a pe	ussion or si erson to be l tes, list the	milar remu isted is an a name of the	neration fo issociated broker or	r solicitatio person or a dealer. If r	on of purchi gent of a br nore than f	esers in cor oker er der ive (5) pers	l be paid on nection with aler register sons to be lib or dealer or	th sales of a red with the isted are as:	securities in	n the offeri	ng.	
Full	Name	(Last name	e first, if in	dividual)		-			·		·		
		Falk & Ass r Residence			nd Street (City State	Zin Code			<u>.</u>			
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		(Last name	first, if inc	lividual)		-							
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		le Avenue					Zip Code)	!					
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Coor	dinated	i Capital S	ecurities of	Wisconsi									
Busin	ess or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
		lace Comn			ison, WI 5	53716			,				
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States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
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				В	INFORM	ATION AB	OUT OFKE	RING -	E CONTR			
I. Has	the issuer s	old, or doe:	s the issue	r intend to	sell to no	n-accredite	d investors	in this off	erina?		Yes	No Fr
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	ne (Last nam	•	dividual)					-				
	Fisher & Co or Residence		Number a	nd Street	City, State	Zin Code	<u> </u>					·
	na Street, B				· ·	, cap code,						
Name of	Associated I	Broker or E) ट्योदा					-				
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	Which Person											
(Chec	ck "All State	s" or check	: individua	l States)	************	• • • • • • • • • • • • • • • • • • • •	**************	AALA PERAREN PO 9 9 900 0			. Al	I States
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Full Name	(Last name	first, if ind	ividuat)	 -				_		· <u> </u>		
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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
		_	s 0.00
	Debt		\$ 0.00
	Equity	\$_0.00	\$_0.00
	☐ Common ☐ Preferred	- 0.00	0.00
	Convertible Securities (including warrants)		\$
	Partnership Interests		
	Other (Specify)	110,000,000,0	\$ 0.00
	Total	\$ 110,000,000.0	s 5,758,000.00
	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		\$ 5,758,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		
	· · · · · · · · · · · · · · · · · · ·		\$
3.	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	Dollar Amount
	Type of Offering	Security	Sold
	Rule 303	N/A	\$
	Regulation A	N/A	\$
	Rule 504	N/A	S
	Total	·	\$ 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 an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	ت د	\$ 0.00
	Accounting Fees	ue.	\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 11,550,000.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ 11,550,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Ques and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."			\$		
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be us each of the purposes shown. If the amount for any purpose is not known, furnish an estimatheach the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	te and				
			Payments to Officers, Directors, & Affiliates	Payments to Others		
	Salaries and fees	.	\$1,650,000.00	<u></u> \$		
	Purchase of real estate		\$			
	D. J.					
	and equipment		\$	\$		
	Construction or leasing of plant buildings and facilities		\$			
	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)		\$			
	Repayment of indebtedness		\$			
	Working capital		S			
	Other (specify): Available for investments including acquisition of leases for drilling pros	pects	\$	\$_96,800,000.0		
		 [\$			
	Column Totals		\$ <u>1,650,000.0</u>	96,800,000.0		
	Total Payments Listed (column totals added)		00 450 000 00			
7.	D, FEDERAL SIGNATURE	\$ 3				
	the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Constitution furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	s notice i Commiss (2) of R	s filed under Ru ion, upon writte ule 502.	ile 505, the following on request of its staff,		
Iss	suer (Print or Type) Signature	D	ate			
	ockies Region 2007 Limited Partnership		7/13/03	<u> </u>		
Na	ame of Signer (Print or Type) Title of Signer (Print or Type)		, ,			
	Darwin L. Stump Chief Accounting Off					

İ	•	E. STATE SIGNATURE			
	1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀	
		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)	Signature Date
Rockies Region 2007 Limited Partnership	Title (Print or Type) 7/18/07
Name (Print or Type)	Title (Print or Type)
Darwin L. Stump	Chief Accounting Officer

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 2 3 5 1 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Partnership Yes State No Interests Investors Amount **Investors** Amount Yes No 0 ΑL 0 \$0.00 \$0.00 × X 0 \$0.00 ΑK \$0.00 0 × × ΑZ 0 \$200,000.00 \$0.00 X 1 X x AR \$0.00 0 \$0.00 X 0 CA 12 \$420,000.0d 0 \$0.00 × X CO × 0 \$0.00 0 \$0.00 X X 3 CT \$100,000.00 0 \$0.00 × X DE 0 \$0.00 0 \$0.00 × DC × 0 \$0.00 0 \$0.00 × FL X 8 \$1,145,000. \$0.00 0 × x 0 0 \$0.00 \$0.00 GA X 0 \$0.00 HI X 0 \$0.00 × 0 \$0.00 \$0.00 0 ID X × 7 IL \$355,000.00 \$0.00 X X 0 IN X 1 0 \$0.00 \$300,000.00 X 10 0 ΙA × \$0.00 \$260,000.0d X KS X 3 \$90,000.00 0 \$0.00 X KY × 0 \$0.00 \$0.00 X 0 LA 0 0 X \$0.00 \$0.00 X ME X 0 \$0.00 0 \$0.00 × MD \$25,000.00 0 1 X \$0.00 × MΑ x 2 \$70,000.00 0 \$0.00 X MI 1 x \$20,000.00 0 \$0.00 X MN \$0.00 × 3 \$120,000.0 0 X MS0 x \$0.00 0 \$0.00 ×

APPENDIX 2 1 3 5 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Partnership State Yes No **Investors** Interests Amount **Investors** Amount Yes No \$260,000.000 MO x 4 \$0.00 X MT 0 \$0.00 0 X \$0.00 X NE 0 0 \$0.00 X \$0.00 X NV × 0 \$0.00 X 0 \$0.00 NH 0 \$0.00 0 × \$0.00 × NJ 1 × 0 \$120,000.00 \$0.00 X NM X 0 \$0.00 \$0.00 0 X 0 0 \$0.00 NY \$0.00 × 9 0 \$0.00 NC \$733,000.00 X X 2 X \$175,000.0 0 ND \$0.00 × 0 \$0.00 \$0.00 X OH X 0 OK × 0 \$0.00 0 \$0.00 X X OR 12 \$595,000.0 0 \$0.00 × PA X 0 \$0.00 0 \$0.00 X x RI 0 \$0.00 0 \$0.00 X SC X 0 \$0.00 0 \$0.00 × 0 SD \$0.00 X 0 \$0.00 X TN X 0 \$0.00 0 \$0.00 X TX5 \$0.00 0 X \$130,000.0 × UT 0 \$0.00 0 × \$0.00 × VT 0 \$0.00 0 \$0.00 × VA \$520,000.00 0 18 \$0.00 X × 3 \$120,000.00 WA 0 \$0.00 X X WV X \$0.00 0 0 \$0.00 X WI 0 0 \$0.00 \$0.00 ×

				APP	ENDIX				
1		2	3 4					5 Disqua	lification
	to non-a	l to sell ccredited s in State -Item 1)	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)				
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		×		0	\$0.00	0	\$0.00		×
PR		×		0	\$0.00	0	\$0.00		×

