1399637



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 APPROVAL						
OMB Number:	3235-0076					
Expires:	April 30, 2008					
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SEC U	JSE ONLY					
Prefix	Serial					
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DATE RECEIVED						
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Issuance of Warrants to Purchase Common Stock (and the common stock issuable upon exercise thereof)						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	□ Section 4(6) □ UPROCESSED					
Type of Filing: ☐ New Filing ☐ Amendment	- I IOCCOLD					
A. BASIC IDENTIFICATION DATA	AUC 0.1 9007					
1. Enter the information requested about the issuer.	A00 0 1 2001					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THOMSON					
SkyFuel, Inc.	FINANCIA					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code					
430 Park Avenue, Suite 701, New York, NY 10022	(212) 461-6221					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Nu					
(if different from Executive Offices)	LIFERIT COLUMN TERM CONTROL OF THE COLUMN TERM COLUMN					
same as above						
Brief Description of Business						
Developer of large-scale solar thermal power plants 07073126						
Type of Business Organization						
	(please specify):					
business trust limited partnership, to be formed						
Actual or Estimated Date of Incorporation or Organization: Month Year 1 0 0 5 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for CN for Canada; FN for other foreign jurisdiction)	□ Actual □ Estimated State: □ E					

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.

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.

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)

		A. BASIC IDENTI	FICATION DATA	,	
 Each beneficial own Each executive offic 	e issuer, if the issuer l er having the power t	nas been organized within the page of vote or dispose, or direct the value issuers and of corporate programs of the corpor	ote or disposition of, 10% or r		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Leitner, Arnold	if individual)				
Business or Residence Adda c/o SkyFuel, Inc., 430 Pari	,	- · · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Gee, Randall C.	if individual)				
Business or Residence Adda c/o SkyFuel, Inc., 430 Parl	<u></u>	=			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Blum, Thomas C.	if individual)				
Business or Residence Adda c/o G.C. Andersen Partner	:				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Cooper, John	if individual)				
Business or Residence Addr c/o SkyFuel, Inc., 430 Parl	="				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Andersen, G. Chris	if individual)				
Business or Residence Adda c/o G.C. Andersen Partner	=	treet, City, State, Zip Code) Avenue, Suite 701, New Yo			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Higbee, Paul M.	if individual)				
Business or Residence Addi 175 Elmsley Court, Ridger		treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or

Rushforth Associates

Full Name (Last name first, if individual)

3700 Darby Road, Bryn Mawr, PA 19010-2010

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

		A. BASIC IDENTI	FICATION DATA	<u></u>	
 Each beneficial own Each executive offic 	e issuer, if the issuer h er having the power to	as been organized within the pa to vote or dispose, or direct the v porate issuers and of corporate g	ote or disposition of, 10% or n		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Speer, Shirley Ellen	if individual)				
Business or Residence Addr 324 West 84th Street, Apt.	•				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lambda IV, LLC	if individual)				
Business or Residence Addr 1041 Third Avenue, 2nd F	•	· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Hoskins, Richard F.	if individual)				
Business or Residence Addr	•	treet, 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)				5
Business or Residence Addr	ress (Number and S	treet, 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 Addr	ess (Number and S	treet, 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 Addr	ress (Number and S	treet, City, State, Zip Code)			- -
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

·w	•			В. П	NFORMA'	TION ABO	UT OFFE	RING			<u>.</u>	
											Yes	No
1. Has t	ne issuer sold	i, or does the	e issuer inte							***************************************		፟፟፟፟
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									*******	\$	n/a	
				_	•						Yes	No
3. Does the offering permit joint ownership of a single unit?										\boxtimes		
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. NONE												
Full Name	(Last name	first, if indiv	ridual) n/a									
Business of	r Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						_
Name of A	Associated Br	oker or Dea	ler									
	Vhich Person Ill States" or				Solicit Pur All Stat		<u>-</u>	•				
(Check A	[AK]	[AZ]	[AR]	S). [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	ridual) ∎/a	ı								· · ·
Business of	or Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Name of A	Associated Br	oker or Dea	ler									
	Vhich Person										_	
(Check "A	Il States" or [AK]	[AZ]	Iduais State	(CA)	All Stat [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indiv	/idual) n/a									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of A	Associated Br	oker or Dea	ler						<u> </u>			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States) All States												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PF	ROCEEDS		
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 Price	A	mount Already Sold
	Debt	\$	0.00	\$	0.00
	Equity	\$			0.00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	34,500.00	\$	34,500.00
	Partnership Interests	\$	0.00	\$	0.00
	Other (Specify)	\$	0.00	•	0.00
	Total	\$	34,500.00	-	34,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.	•		٠.	
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."	3			Aggregate
			Number Investors		ollar Amount of Purchase
	Accredited Investors	_	2	\$	34,500.00
	Non-accredited Investors	_	0	\$.	0.00
	Total (for filings under Rule 504 only)		0	\$.	0.00
	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 sol 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.	ld of	Type of	'n	Pollar Amount
	Type of Offering		Security	ים	Sold
	Rule 505		n/a	\$	n/a
	Regulation A	_	n/a	\$	n/a
	Rule 504	_	n/a	\$	n/a
	Total			\$.	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities i this offering. Exclude amounts relating solely to organization expenses of the insurer. The information mabe given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate.	y			
	Transfer Agent's Fees			\$	0.00
	Printing and Engraving Costs			\$	0.00
	Legal Fees		\boxtimes	\$	2,000.00
	Accounting Fees.			\$	0.00
	Engineering Fees			\$	0.00
	Sales Commissions (specify finders' fees separately)			\$	0.00
	Other Expenses (identify)			\$	0.00
	Total		\boxtimes	\$.	2,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	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."			\$_	32,500.00
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 Officers, Directors, & Affiliates]	Payments to Others
	Salaries and fees		\$8		\$0.0
	Purchase of real estate		\$0.00		\$ 0.0
	Purchase, rental or leasing and installation of machinery and equipment		\$0.00		\$0.0
	Construction or leasing of plant buildings and facilities		\$ 8		\$0.0
	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)		\$0.00		\$0.0
	Repayment of indebtedness		\$		\$0.0
	Working capital		\$	Ø	\$ 32,500.00
	Other (specify):		\$ 0.00		\$
Col	lumn Totals		\$ \$		\$0.00
	Total Payments Listed (column totals added)		⊠ \$	1	37 500 00

-	FEDER	 C 1 (C 1 1	A PERSON NAMED IN

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
SkyFuel, Inc.	Suoce Tak	7-25-2007
Name of Signer (Print or Type)	Title or Signer (Print or Type)	
Arnold Leitner	President	

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

END