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 APPRÓVAL							
OMB Number: 3235-0076							
Expires: April 30,	2008						
Estimated average l	burden						
hours per response	16.00						

407460



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	.'^
Series A Preferred Stock, Series B Preferred Stock and the underlying Common Stock is	suable upon conversion thereof.
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	1 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	UL & Dalou T
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	135 E
Quaris Corporation	185/8/
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2000 Alameda le Las Pulgas, Suite 230, San Mateo, CA 94403	(650) 286-9666
Address of Principal Business Operations (Number and Street, City, State, Zip Coppositions (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as above	51
Brief Description of Business	Sc
Technology for Analysis of Data THOMSON	30
Type of Business Organization FINANCIAL	
	other (please specify):
business trust Ilimited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Yea O 5 0 5	3 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	CA

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

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. Enter the information req	uested for the follo	owing:								
		er has been organized with	in 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 issu		,	,	,	. ,					
		corporate issuers and of co	rporate general and manag	ing partners of par	tnership issuers: and					
Each general and ma			. F		F					
	_ :	·	-	K71						
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if Perry, Thomas	individual)									
Business or Residence Address	s (Number and Str	eet City State Zin Code)								
	ation - 2000 Alamo		30, San Mateo, CA 94403							
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 Addres	o (Number and Fe	oot City State 7in Code								
Business of Residence Address	s (Number and Su	eet, eity, 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)									
D	Olumban and Cta	ant City State 7in Code								
Business or Residence Addres	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 Address	ss (Number and Str	eet, City, State, Zip Code)								
	. <u> </u>									
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	a Olumber and St	and City State 7in Code								
Business of Residence Address	s (Number and Su	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 Address	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 Address	ss (Number and Str	eet, City, State, Zip Code)	,							

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

	_				1	B. INFOR	MATION	ABOUT O	FFERING					
													Yes	No
1.	Has the	issuer s	old, or do	es the issu									Ш	\boxtimes
									ling under U					
2.	What is	the min	imum inv	estment th	at will be	accepted fr	om any ind	ividual?				\$ <u>N/A</u>		
3.	Does the	e offerin	ig perm it j	oint owne	rship of a	single unit	?	***************************************			******************		Yes ⊠	No
! :	commis a persor states, l	sion or s n to be I ist the n	similar rer listed is ar lame of th	nuneratior associate e broker (n for solici ed person o or dealer.	itation of p or agent of If more th	urchasers in a broker of nan five (5)	n connection r dealer reg	n with sales istered with be listed a	of securities the SEC an	s in the offer d/or with a l persons of	ring. If state or		
Full 1	Name (I	_ast nam	ne first, if i	ndividual)									
Busir	ess or F	Residen	ce Address	(Number	and Stree	t, City, Sta	te, Zip Cod	e)						
Namo	of Ass	ociated	Broker or	Dealer									<u>.</u>	
State	s in Wh	ich Pers	on Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	sers						
(C	heck "A	II States	s" or check	individu:	al States).							**************	∏ AI	States
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Full	Name (I	Last nam	ne first, if	individual)									
Busin	ness or I	Residen	ce Addres	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)			· · · · · · · · · · · · · · · · · · ·			
Name	e of Ass	sociated	Broker or	Dealer										
State	s in Wh	ich Pers	on Listed	Has Solic	ited or Inte	ends to Sol	icit Purchas	sers		<u></u>				
													□ A!	l States
[AI		AK]		[AR]				[DE]					[1D	1
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[M		NE}	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	-
[R		SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[P F	_
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		-												· · · · · · · · · · · · · · · · · · ·
Busin	ness or l	Residen	ce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)						
Name	e of Ass	sociated	Broker or	Dealer										
							licit Purcha							
(C	heck "A	All States	s" or check	c individu	al States)			••••••			• • • • • • • • • • • • • • • • • • • •		[] A	States
[A I] [ر	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[10]
[] L	.] [1N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M0	0]
[M	T] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	\]
[R] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W I]	[WY]	[P F	[]

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

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 \(\subseteq\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggre Offeri	gate ng Price	Am	ount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	<u> </u>	-0-	\$	-0-
	☐ Common ☐ Preferred			_	
	Convertible Securities	\$	-0-	\$	-0-
	Partnership Interests	s	-0-	\$	-0-
	Other (Specify Exchange of IP for Preferred Shares)	s	-0-	\$	-0-
	Total	SExcl	hange of IP	SEx	change of IP
	Answer also in Appendix, Column 3, if filing under ULOE.		<u>B</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."				ggregate
			nber estors		ar Amount Purchases
	Accredited Investors		2	SExc	hange of IP
	Non-accredited Investors		N/A	\$	N/A
	Total (for filings under Rule 504 only)		N/A	s	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 Secu		Doll	ar Amount Sold
	Rule 505		N/A	s	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
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			s	-0-
	Legal Fees		\boxtimes	STo	be determined
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finder's fees separately)			<u> </u>	-0-
	Other Expenses (identify)			<u> </u>	-0-
	Total		_ ⊠	\$To	be determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFF	ERING PRICE, N	UMBER OF IN	VESTORS, E	KPENSES AN	ND USE	OF PROCEED	S			
b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."								S Exchange of IP		
 Indicate below the amour used for each of the purp estimate and check the both the adjusted gross proceed 	oses shown. If the x to the left of the e	amount for any stimate. The tot	y purpose is no al of the payme	t known, furn nts listed musi	ish an tequal					
						Payments to Officers, Directors, & Affiliates	P	ayments To Others		
Salaries and fees				***************************************	□ \$	-0-	□ s	-0-		
Purchase of real estate	e					-0-		-0-		
Purchase, rental or lea	asing and installatio	n of machinery a	and equipment		□ s	-0-	□ \$	-0-		
Construction or leasing	ng of plant buildings	and facilities			□ \$	-0-	□ s <u></u>	-0-		
Acquisition of other hoffering that may be used issuer pursuant to a m	used in exchange for	the assets or sec	curities of anoth	ег	□ s	-0-	⊠ \$E	xchange of IP		
Repayment of indebto	edness			*************	□ \$	-0-	□ s	-0-		
Working capital						-0-	□ s	-0-		
Other (specify):							_			
					□ s _	-0-	□ s _	-0-		
Column Totals					□ s	-0-	⊠ \$E	xchange of IP		
Total Payments Lister							⊠ \$E	xchange of IP		
•							-			
		D. FEDERA	L SIGNATUR	E						
The issuer has duly caused th following signature constitutes its staff, the information furnish	an undertaking by t	ed by the under	rsigned duly at ish to the U.S.	thorized pers	Exchang	e Commission,	d under upon writ	Rule 505, the ten request of		
Issuer (Print or Type)		Signature	1	7	D	ate	· - .			
Quaris Corporation		1/	13/10	1	Jւ	ıne 28, 2007				
Name or Signer (Print or Type)	· ·	Tale of Signer	Print or Type)	(
Monaster Brian	Kelly	President								

ATTENTION

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