

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

FORM D

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

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

Name of Offering( check if this is an amendment and name has changed, and indicate change.)  Series B Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Perquest, Inc.	07073422
Address of Executive Offices (Number and Street, City, State, Zip Code) 1333 Broadway, Suite 1015, Oakland, CA 94612	Telephone Number (Including Area Code) 510-740-6322
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above	Telephone Number (Including Area Code) same as above
Brief Description of Business Web-based Payroll Services	
Type of Business Organization    Corporation	PROCESSED
business trust limited partnership, to be formed	AUG 0 1 2007
Actual or Estimated Date of Incorporation or Organization: Month Year  O 5	THOMSON FINANCIAL
CENEDAL INSTRUCTIONS	

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.

### 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.

# - 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.

> 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.

1 of 8

## 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. □ Director Beneficial Owner **Executive Officer** General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Cannestra, Tony Business or Residence Address (Number and Street, City, State, Zip Code) c/o IGNITE Group Silicon Valley, 255 Shoreline Drive #510, Redwood City, CA 94065 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Farrington, Deborah A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o StarVest Partners, L.P., 750 Lexington Avenue, 15th Floor, New York, NY 10022 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Mehta, Chetan P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Oakmont Corporation, 865 S. Figueroa, Suite 700, Los Angeles, CA 90071 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Sinton, Thomas H. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Mori, Barry T. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Curtis, Mark F. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612 Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Kudla Jr., Robert C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Perquest, Inc. 1333 Broadway, Suite 1015, Oakland, CA 94612

A. BASIC IDENTIFICATION DATA

American LegalNet, Inc. www.USCourtForms.com

			A. BASIC IDE	NTIFICATION DATA					
2. Enter the information re-	quested for the fo	llowi	ng;						
<ul> <li>Each promoter of the</li> </ul>	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
<ul> <li>Each beneficial owner</li> </ul>	• 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 office	cer and director of	согре	orate issuers and of o	corporate general and ma	anaging partners of	partne	ership issuers; and		
<ul> <li>Each general and re</li> </ul>	nanaging partner	of pai	tnership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Officer	Director		General and/or Managing Partner		
Full Name (Last name first, if i Paterson, Cheryl	individual)	,		<del>-</del>					
Business or Residence Addresc/o Perquest, Inc. 1333 Br									
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, if Baker, Adrienne M.	findividual)					•			
Business or Residence Addre c/o Perquest, Inc. 1333 Br									
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, if DeFilipps, Thomas C.	findividual)								
Business or Residence Addre c/o Wilson Sonsini Goodr					<b>.</b>				
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, if StarVest Partners, L.P.	f individual)			,					
Business or Residence Addre 750 Lexington Avenue, 15				de)		-	-		
Check Box(es) that Apply:	Promoter	$\boxtimes$	Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, it Elon Musk Revocable Tru	•	2003							
Business or Residence Addre c/o Spacex, 1310 East Gra				de)	<del></del>				
Check Box(es) that Apply:	Promoter	$\boxtimes$	Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, it David Ellis Kahn & Jana l	,	of th	e Kahn Family Tr	ust U/D/T dated 03/	12/92				
Business or Residence Addre 27868 Via Corita, Los Alt				de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Executive Office	r Director		General and/or Managing Partner		
Full Name (Last name first, if Vermillion Capital, LLC	f individual)	· · · · · · · · · · · · · · · · · · ·							
Business or Residence Addre 51 Lane Court, Oakland, O		Street,	, City, State, Zip Co	de)					

A. BASIC IDENTIFICATION 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> </ul>	
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 the second secon	
Each general and managing partner of partnership issuers.	•
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Baroda, LP	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 865 South Figueroa Street, Suite 700, Los Angeles, CA 90017	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Spring Mountain Capital, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code) 65 East 55 <sup>th</sup> Street, 33 <sup>rd</sup> Floor, New York, NY 10022	
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 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 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 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 individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

				-	B. IN	FORMAT	ION ABOU	T OFFER	ING				
									Yes	No ⊠			
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								**************				
2.	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									<b>\$</b> 0			
	2										Yes	No	
3. 4											$\boxtimes$	LJ	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.										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									of such				
a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)													
Nor	ne		·										
Bus Not		Residence A	Addrėss (Nu	mber and S	Street, City,	State, Zip C	Code)						
Nan No		sociated Bro	oker or Deal	ег									
		hich Person	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers	·					
	(Che	eck "All Stat	tes" or check	individual	States)							🗆 /	All States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Hì	ID
	IL.	IN	ΙΑ	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	рκ	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	wi	WY	PR
	Full Name (Last name first, if individual)												
	None Business or Residence Address (Number and Street, City, State, Zip Code)												
	None Name of Associated Broker or Dealer												
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Ful No		(Last name	first, if indiv	ridual)									
	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	None Name of Associated Broker or Dealer												
None States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)										All States			
	AL	AK	AZ TA	AR	CA KY	CO	ET ME	DE MD	DC MA	FL MI	GA MN	MS MS	ID MO
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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 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
	Debt\$		\$
	Equity \$	17,460,000.00	\$ <u>17,247,708.48</u>
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		\$
	Other (Specify)\$		\$
	Total\$	17,460,000.00	\$ <u>17,247,708.48</u>
	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."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$ 17,247,708.48
-	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	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 505		\$
	Regulation A		\$
	Rule 504		s
	Total	0	s0
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		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$80,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	<b>5</b> 7	\$80,000.00

L	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
	and total expenses furnished in response to Part	offering price given in response to Part C — Que C — Question 4.a. This difference is the "adjuste	d gross	s_17,380,000.00
5.	each of the purposes shown. If the amount for	ss proceed to the issuer used or proposed to be a or any purpose is not known, furnish an estimotal of the payments listed must equal the adjusted Part $C$ — Question 4.b above.	ate and	
			Payments Officers Directors, Affiliates	, & Payments to
	Salaries and fees		🔲 s	s
	Purchase of real estate		🔲 s	s
	Purchase, rental or leasing and installation of			
	Construction or leasing of plant buildings and	d facilities	LJ \$	\$
	Acquisition of other businesses (including the offering that may be used in exchange for the	assets or securities of another	По	
	Repayment of indebtedness		∐ \$	L \$
		,		
			s	🗆 s
	Column Totals		s	0 \S \$ 17,380,000.00
	Total Payments Listed (column totals added)	\$ 17,380,000.00		
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	o furnish to the U.S. Securities and Exchange C	Commission, upon w	ritten request of its staff,
İss	uer (Print or Type)	Signature	Date	
Per	quest, Inc.	Mana ( Detili	July 27, 200	)7
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Th	omas C. DeFilipps	Secretary		

- ATTENTION -

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