FORM D



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 API	PROVAL
OMB NUMBER:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	16.00
•	

Date Received

Serial

Prefix

Name of Offering (check if this is a	ın amendment and	d name has chan	ged, and indicate of	change.)			
SunEthanol Inc. Series A Financing								
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	Rule 506		Section 4(6)	ULOE		. <i>(</i> ;
Type of Filing: New Filing □	Amendment							
	A. BA	SIC IDENTIFI	CATION DATA					
1. Enter the information requested about	the issuer							
Name of Issuer (Check if this is an a	mendment and na	ime has changed	, and indicate char	nge.)				
SunEthanol Inc.							4.	<u> </u>
Address of Executive Offices	(Nur	mber and Street,	City, State, Zip Co	ode)	Telephone		cluding Are	a Code)
110 Pulpit Hill Rd. Amherst, MA					413-531-68			
Address of Principal Business Operations	(Nui	mber and Street,	City, State, Zip C	ode)	Telephone	Number (In	cluding Are	:a Code)
(if different from Executive Offices)								
Brief Description of Business			.		. ! .	<u> </u>		
·						_ 6	1000	≅
Technology supplier to ethanol producers						B		ESSE[3 2007
Type of Business Organization					•	-	ALICA	3 3000
	_ ,	tnership, already			other (please s	pecify);	100	J 2001
□ business trust	☐ limited part	tnership, to be fo	rmed				THOM	lean-
			Month	Yea			FINIAN	
. A . A 1 12 . 6		_	1 1	0	<u>6</u> □ Ac	tual 🖪	Estimated	
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat			Sarvice abbreviat	ion for	_	tuai 🗵	Estimateu	
Jurisdiction of incorporation of Organizat			er foreign jurisdict		State.	D.] E	
	CA TO Can	1444, 111 101 0111	i toreign janisare.			<u> </u>	لـــّـا لـ	
GENERAL INSTRUCTIONS	 							
Federal:								
Who Must File: All issuers making an of et seq. or 15 U.S.C. 77d(6).	fering of securitie	s in reliance on a	an exemption unde	er Regu	ılation D or Se	ection 4(6),	17 CFR 230).501
When to File: A notice must be filed no I Securities and Exchange Commission (SE address after the date on which it is due, or	EC) on the earlier	of the date it is r	eccived by the SE	Cat the	e address give	n below or,	if received	he U.S. at that
Where to File: U.S. Securities and Excha	mge Commission	, 450 Fifth Street	, N.W., Washingto	on, D.C	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 state 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 predicated on the filing of a federal notice.

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. ☐ General and/or Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director Managing Partner Jattra Ventures, LLC VeraSun Energy Corp. & Battery Ventures VII, L.P. as 10% beneficial owners Full Name (Last name first, if individual) 355 Bridge St. Northampton, MA 01060 (Number and Street, City, State, Zip Code) **Business or Residence Address** ☐ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner ■ Executive Officer □ Director Managing Partner Sharp, Jeffrey Full Name (Last name first, if individual) 110 Pulpit Hill Rd. Amherst MA 01002 **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ General and/or □ Beneficial Owner ■ Executive Officer Director Check Box(cs) that Apply: □ Promoter Managing Partner Rogers, Stephan Full Name (Last name first, if individual) 110 Pulpit Hill Rd. Amherst MA 01002 (Number and Street, City, State, Zip Code) Business or Residence Address ☐ General and/or □ Beneficial Owner □ Executive Officer □ Director Check Box(es) that Apply: □ Promoter Managing Partner Giordan, Judith Full Name (Last name first, if individual) 110 Pulpit Hill Rd. Amherst MA 01002 (Number and Street, City, State, Zip Code) **Business or Residence Address** □ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer Director ■ Director Managing Partner Matloff, Jason Full Name (Last name first, if individual) 2884 Sand Hill Dr. Suite 101 Menlo Park, CA 94025 Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or □ Executive Officer ☑ Director □ Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Pesicka, John Full Name (Last name first, if individual) 5109 S. Crossing Place, Sioux Falls, SD 57108 **Business or Residence Address** (Number and Street, City, State, Zip Code) □ Executive Officer ☐ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Director Managing Partner Honnef, William Full Name (Last name first, if individual) 100 22nd Ave. Brookings, SD 57006 (Number and Street, City, State, Zip Code) **Business or Residence Address** □ General and/or Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Director Managing Partner Burnell, Michael Full Name (Last name first, if individual) 110 Pulpit Hill Rd, Amherst MA 01002 **Business or Residence Address** (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

				B. INF	ORMATIO	N ABOUT	OFFERI	NG				
1. Has the iss	uer sold o	r does the is	cuer intend	to cell to r	on accredit	ed invector	e in this off	oring?			Yes N	
1. mas the iss	uci solu, o	i does die is	suci ilitellu	to sen, to	ion accredit	ed ilivestoi	2 111 1112 011	cring:		*******	U 6	I
			Ans	wer also in	Appendix,	Column 2,	if filing und	ler ULOE.				
2. What is the	e minimum	investment	that will be	accepted:	from any inc	dividual?					\$ <u>N/A*</u>	
*S	ubject to th	e discretion	of the issu	er.						1	Yes N	0
3. Does the o	ffering per	mit joint ow	nership of	a single uni	t?						□ Ø	I
4. Enter the in	nformation	requested f	or each per	son who ha	s been or w	ill be paid	or given, di	rectly or ind	lirectly, any	y commiss	ion or simil	ar
remuneration agent of a bro												
persons to be	listed are a	ssociated po	ersons of su	ch a brokei	or dealer,	ou may se	t forth he i	nformation :	for that bro	ker or deal	er only. N/	<u>A</u>
Full Name (L:	ast name fi	rst, if indivi	đual)									
Business or R	esidence A	ddress (Nu	mber and St	reet, City,	State, Zip C	ode)	•					
Name of Asso	sciated Bro	ker or Deal	er									
Name of Asse	cialed Dio	KCI OI DCAI	Ci									
States in Whi						nasers						
•		or check in				CONTRACTOR					All States	(ID)
[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]
Full Name (L	ast name fi	rst, if indivi	dual)									
15 : 75		71 . 01	1. 10	. 67	0 2							
Business or R	esidence A	ddress (Nu	mber and S	ireet, City,	State, Zip C	ode)						
Name of Asso	aistad Dea	lear or Dog	A.F.									
Name of Asso	ocialed Bro	kei oi Deai	ei									
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to S	Solicit Purcl	hasers				_		
										_	All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[1L]	[IN]	[lA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, it indivi	dual)									
		11 01			a a. a							
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
Name of Asso	ociated Bro	ker or Deal	er		<u> </u>						<u> </u>	
States in Whi		isted Has S				nasers					All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	L [GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[VV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]

(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

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity		\$ <u>1,250,001.06</u>
□ Common Preferred		
Convertible Securities (including warrants)	\$ <u>0</u>	\$0
Partnership Interests	\$_0	\$0
Other (Specify)	\$ <u>0</u>	<u>\$0</u>
Total		\$ <u>1,250,001.06</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."	s Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	6	\$1,250,001.06
Non-accredited Investors	_0	\$_0
Total (for filings under Rule 504 only)	N/A	\$ <u>N/A</u>
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, 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 Amoun Sold
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>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		□ \$ <u>0</u>
Printing and Engraving Costs	{	□ \$ <u>0</u>
Legal Fees		3 \$100,000
Accounting Fees		3 \$ 0
Engineering Fees		□ \$ <u>0</u>
Sales Commissions (specify finders' fees separately)		□ \$ <u>0</u>
Other Expenses (identify) State Blue Sky filing fees	1	■ \$_1,000
Total	1	3 \$101,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
b. Enter the d fi l and total ca "adjusted g: o	ference between the aggregate offering price given in response to Part C - Questic spenses furnished in response to Part C - Question 4.a. This difference is the loss proceeds to the issuer."	n	\$2,399,002.1
5. Indicate below to used for each of estimate and class	the amount of the adjusted gross proceeds to the issuer used or proposed to be the purposes shown. If the amount for any purpose is not known, furnish an each the box to the left of the estimate. The total of the payments listed must equal so proceeds to the issuer set forth in response to Part C - Question 4.b above.		\$ <u>2,333,00</u> 2,1
		Payments to Officers, Directors, & Affiliates	Payments To Others
Durchase a '	[ees	🗆 \$_0	□ \$ <u>0</u>
Purchase 6	real estate	🗆 \$ <u>0</u>	□ \$ <u>0</u>
Purchase, r i	ntal or leasing and installation of machinery and equipment	🗆 \$ <u>0</u>	- • ·
Constructic 1	or leasing of plant buildings and facilities	🗆 \$ <u>0</u>	□ \$ <u>0</u>
offering tha	of other businesses (including the value of securities involved in this may be used in exchange for the assets or securities of another nt to a merger)		
Repayment	f indebtedness		5 0
Working Ca	ital		
Other (speci 3	y):	□ \$ <u>0</u>	■ \$2,399,002.12
		_ 0\$_0	5 0
Column Test			□ \$ <u>0</u>
Committ 10()	S	□ \$ <u>0</u>	S 2,399,002.12
Total Payme 1	ts Listed (Column totals added)	⊠ \$ <u>.</u>	2,399,002,12
	D. FEDERAL SIGNATURE		
he issuer has duly a following signatur of its staff, the inco	aused this notice to be signed by the undersigned duly authorized person. If this need constitutes an undertaking by the issuer to furnish to the U.S. Securities and Experimental of the community of the issuer to any non-accredited investor pursuant to paragraphs.	otice is filed under Ru hange Commission, up aph (b)(2) of Rule 502	le 505, the son written request
suer (Print or Type)		Date	
inEthanol Inc.		1	6-07
ame of Signer (Print	or Type) Title of Signer (Print or Type)		
	2 (*		

ATTENTION —

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

E. STATE SIGNATURE			
Is any party 6 :scribed in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	N/A	Yes	No ::

- 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 (FR 239.500) at such times as required by state law. N/A
- 3. The undersign id issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offe ees. N/A
- 4. The undersign d 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 rea I 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 uthorized person.

Issuer (Print or Ty)e)	Signature	Date
SunEthanol Inc.		8-6-07
Name of Signer (P int or Type)	Title of Signer (Print or Type)	
Jeffrey Sharp	President	

*Note: Items 1,2,3, and 4 above are not applicable pursuant to the National Securities Markets Improvement Act of 1996.

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 sign id. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Inten	2 d to sell	3 Type of security	4				5 Disqualification under State ULOE (if yes, attach			
	investo	accredited rs in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				explanation of waiver granted) (Part E-Item 1) N/A		
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK								· · · ·			
AZ											
AR											
CA		Х	2,500,002.12	2	\$350,000.18						
co											
СТ						·					
DE											
DC											
FL											
GA											
HI											
ID											
IL											
IN											
IA											
KS								i			
KY											
LA			ļ								
ME											
MD											
MA		Х	2,500,002.12	3	\$150,000.65						
МІ											
MN								<u>.</u>			
MS											
МО											

APPENDIX

1		2	3	4					5 Disqualification		
	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C Item 1)		Type o amount pi (Par	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	Series A Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV									•		
NH											
ŊJ											
NM											
NY											
NC	1										
ND											
ОН											
ОК											
OR								-			
PA											
RI											
SC						-					
SD		Х	2,500,002.12	1	\$750,000.24	-					
TN											
TX											
UT											
VT							<u> </u>				
VA											
WA											
wv_											
WI											
WY											
PR 210407											

2104076v1

END