1411792

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 APPROV	/AL
OMB Number:	3235-0076
Expires:	
Estimated average	burden
hours not response	16.00

SEC USE ONLY							
Prefix	Serial						
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DATE RECEIVED							
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- -	amendment and name has changed, and indicate change.)		
eZee, Inc Common Stock Issuance			·
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6)	D Droe BECEINED	1%_
Type of Fiting:	nenament	/ ³ /	
	A. BASIC IDENTIFICATION DATA	AL SHE WILL	ùù /
1. Enter the information requested about	the issuer		
Name of Issuer (check if this is an an	nendment and name has changed, and indicate change.)		1
eZee, Inc.	•	183	ji
Address of Executive Offices	(Numter and Street, City, State, Zip Code)	Telephone Number (Includin	g Area Code)
1780 Beltway Drive, Suite 200, St. Lo	ouis, Missouri 63114	(314) 495-9708	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Includi	ng Area Code)
Brief Description of Business			
Mobile consumer services provider d	eveloping and launching mobile ordering and payment	s services.	OFF COL
Torres of Business Over in the		7 4 04	OCLOSE
Type of Business Organization corporation	limited partnership, already formed other (lease specify):	P 1 0 2007
business trust	limited partnership, to be formed	JE	7007
	Month Year	- - 3 Th	OMSON
Actual or Estimated Date of Incorporation		nated EIA	MOCINI
•	on: (Enter two-letter U.S. Postal Service abbreviation for State		VANCIAL
	CN for Canada; FN for other foreign jurisdiction)	DE	
GENERAL INSTRUCTIONS			
Federal: Who Must File: All issuers making an offeri 77d(6).	ing 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
and Exchange Commission (SEC) on the ea	ater than 15 days after the first sale of securities in the offering order of the date it is received by the SEC at the address given b by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchar	nge Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.	
Copies Required: Five (5) copies of this no photocopies of the manually signed copy or	otice must be filed with the SEC, one of which must be manually be rear typed or printed signatures.	y signed. Any copies not manus	ally signed must be
Information Required: A new filing must of thereto, the information requested in Part C, not be filed with the SEC.	contain all information requested. Amendments need only repo and any material changes from the information previously supp	rt the name of the issuer and officed in Parts A and B. Part E and	ering, any change the Appendix need
Filing Fee: There is no federal fiting fee.			
State:			
ULOE and that have adopted this form. I are to be, or have been made. If a state re	ce on the Uniform Limited Offering Exemption (ULOE) for s ssuers relying on ULOE must file a separate notice with the s equires the payment of a fee as a precondition to the claim for e filed in the appropriate states in accordance with state law.	securities Administrator in each rathe exemption, a fee in the pro-	n state where sale oper amount sha
Failure to lile notice in the approx	priate states will not result in a loss of the federal e	ramplian Capparable falls	uno to filo the
appropriate federal notice will not filing of a federal notice.	t result in a loss of an available state exemption unle	ss such exemption is predi	ctated on the

							// a PAS C (p)	Ŋú	ICATION DATA				
2. En	ter the in	formation	reque	ested f	or the fol	lowin	g:						
•	Each p	romoter o	f the	issuer,	, if the iss	suer ha	as been organized w	ithin t	he past five years:				
•	Each b	encficial o	wner	havin	g the pow	er to v	ote or dispose, or dis	ect th	c vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
•	Each e	xecutive o	ffice	and o	director o	f corp	orate issuers and of	corpo	rate general and ma	naging	partners of	partne	rship issuers; and
•	Each g	eneral and	i man	aging	partner o	f parti	nership issuers.						
Check B	Box(cs) th	at Apply:	[Pr	omoter	Ø	Beneficial Owner	Ø	Executive Officer	4	Director		General and/or Managing Partner
	nc (Last n, John	name first	, if in	ldivid	ual)								····
		tence Add Drive, Se					, City, State, Zip Co souri 63114	de)					
Check E	Box(es) th	at Apply:	(Pr	omoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Na	me (Last	name firs	, if in	divid	ual)								
Chaml	bers, Ni	colas J.											
Busines	s or Resi	dence Ada	lress	(Nu	mber and	Street	, City, State, Zip Co	ode)					
1780 B	eltway [rive, Su	ite 20	00, S1	L Louis,	Miss	ouri 63114						
Check E	Box(es) tl	at Apply:	C	Pr	omoter		Beneficial Ov/ner	Z	Executive Officer		Director		General and/or Managing Partner
	me (Last C. Enriq	name firs	, if ic	idivid	<u> ខេង</u>])		···						
Busines	s or Resi	dence Ade	iress	(Nu	mber and	Street	t. City. State, Zip Co	ode)					
1780 B	eltway [Drive, Su	ite 2	00, S	t. Louis,	Miss	ouri 63114						
Check E	Box(es) ti	a Apply:	[Pr	omoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Na	me (Last	name firs	, if ir	divid	ual)								· · · · · · · · · · · · · · · · · · ·
Mende	i, Gary												
							t, City, State, Zip Co souri 63114	ode)		,			
Check E	30x(es) th	at Apply:		Pr	omoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	me (Last k, Jeffre)	name tirs / M.	i, if in	divid	ual)						, ,		
							t, City, State, Zip Co souri 63114	ode)					
Check E	Box(es) th	at Apply:	[] Pr	omoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	ne (Last do, Elia	name first S	L, if in	divid	ual)				·				
							t. City, State, Zip Co souri 63114	ode)				•	
Check E	Box(es) if	iai Apply:	[Pr	omoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
	ne (Last ion, Jam	name first	, if in	divid	uai)								
							t, City, State, Zip Co ouri 63114	ode)	· · · · · · · · · · · · · · · · · · ·				
					(Use bla	nk sh	et, or copy and use	additi	onal copies of this:	sheet, i	as necessar	v)	

		ALBASIC IDE	ntuication data:		
2. Enter the information re	quested for the following	owing:	<u> </u>		
 Each promoter of t 	he issuer, if the iss	uer has heen organized wi	thin the past five years;		
 Each beneficial ow 	ner having the powe	er to vote or dispose, or dir	ect the vote or disposition (of, 10% or more of	a class of equity securities of the issuer.
 Each executive off 	icer and director of	corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and n	nanaging partner of	partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
Business or Residence Addre 8025 Excelsior Drive, Su	•	•	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		····		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)	<u> </u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		····		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
	(Use blar	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

		10 Y 10 M		Signal of	ere Bail	ROIMATE	ONABOU	OCTERÚ	(8)		r y al-							
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										110.0	Yes	No ⊠					
	Answer also in Appendix, Column 2, if filing under ULOE.											_	_					
2.	2. What is the minimum investment that will be accepted from any individual?											\$_2,40	00.00					
3.	. Does the offering permit joint ownership of a single unit?											Yes ∏	No ⊠					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any										rectly, any	421						
	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 suc																		
a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)									 -	-								
	·					<u>-</u> -												
Bu:	siness or	Residence	Address (N	iumber and	1 Street, Ci	ty, State, Z	ip Code)											
Na	me of Ass	ociated Br	oker or De	aler						·····		-						
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		·									
	(Check	"All States	or check	individual	States)	****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****************		******		All States						
	[AT]	ĀK	ΛZ	ΔR	[CA]	<u>[CO]</u>	[CT]	DE	DC	FL	GΛ	HI	[ID]					
	ĪL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО					
	MT RI	NE SC	NV)	HN)	NJ TX	NM UT)	NY VT)	NC VA	ND WA	OH WV	OK)	OR WY	PA PR					
			(3D)			(OT)	(XT)			<u> </u>	<u>[WI</u>]	WI						
Ful	ll Name (l	Last name	first, if indi	ividual)														
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Cip Code)			<u>-</u>								
No	of Ass	naissad Da	oker or De			····		····										
Nai	ine or Ass	ociaico br	oker or De	акст														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers																		
										(Check "All States" or check individual States)								
								***************************************				□ All	States					
	(Check	"All States	a" or check	individual	States)	<u>[CO]</u>	CT	DE	DC	FL	GA	HI	D					
	(Check	"All States	AZ AZ	individual	States) CA KY	©) [[A]	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO					
	(Check	"All States	a" or check	individual	States)	<u>[CO]</u>	CT	DE	DC	FL	GA	HI	D					
	(Check AL IL MT	"All States AK IN NE SC	AZ AZ IA NV	AR KS NH TN	CA KY NJ	[O] [M]	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA					
Ful	(Check AL IL MT RI II Name ("All States AK IN NE SC Last name	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA					
Ful	(Check AL IL MT RI II Name ("All States AK IN NE SC Last name	" or check AZ IA NV SD	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA					
Ful Bus	(Check AL IL MT RI IName (I	"All States AK IN NE SC Last name Residence	AZ IA NV SD first, if indi	AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA					
Ful Bu:	(Check AL TL MT R1 II Name (I	"All States AK IN NE SC Last name Residence	AZ IA IV SD first, if indi	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA					
Ful Bu:	(Check AL IL MT RI II Name (I	AK IN NE SC Last name Residence sociated Br	AZ IA NV SD first, if individuals (1) Address (1) oker or Des	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL MI OH WY	GA MN OK WI	HI MS OR WY	ID MO PA					
Ful Bu:	(Check AL IL MT RI II Name (I	AK IN NE SC Last name Residence sociated Br	AZ IA NV SD first, if indi Address (1) oker or Dec	AR KS NH TN ividual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL MI OH WY	GA MN OK WI	HI MS OR WY	ID MO PA PR					
Ful Bu:	(Check AL IL MT RI II Name (I siness or me of Ass tes in Wh (Check	AK IN NE SC SC Scidence Residence Sociated Braich Person "All States	AZ IA NV SD first, if indi Address () oker or Dea	AR KS NH TN ividual) Number an aler s Solicited individual	CA KY NJ TX or Intends States)	EO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	HI MS OR WY	ID MO PA PR					

C OFFERING PRICE NUMBER OF DIVESTORS EXPENSES AND ISD OF PROCESSES.

J.	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 Aiready Sold
	Debt	<u> </u>	_ s
	Equity	172,800.00	\$ 172,800.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)		_ \$
	Partnership Interests	<u> </u>	\$
	Other (Specify)		
	Total	172,800.00	§ 172,800.00
	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	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$ 172,800.00
	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 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 of Security	Dollar Amount Sold
	Rule 505		
	Regulation A		\$
	Rule 304		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	.	s 0.00
	Printing and Engraving Costs		
	Legal Fees	<u> </u>	40,000,00
	Accounting Fees	-	
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	15-	
	Other Expenses (identify)	_	
	Total		40.000.00

44	C. OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF	KKKERD	计算是最多
	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."	İ	\$162,800.00
5.	indicate below the amount of the adjusted gross proceed 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.	l	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$_0.00	\$ 0.00
	Purchase of real estate	\$ 0.00	\$_0.00
	Purchase, rental or leasing and installation of machinery and equipment		s
	Construction or leasing of plant buildings and facilities		s 0.00
	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		s_0.00
	issuer pursuant to a merger)		□ \$ 0.00
			S 0.00
	Working capital Other (specify): Common Stock is being issued to executive officers for the fair market value	172 800 00	
	of services previously performed for the Company. No cash is being paid, therefore no	V 3 172,000.00	<u>\$_0.00</u>
		_	
	Column Totals	√ \$ 172,800.00	s 0.00
	Total Payments Listed (column totals added)	St 5 17	2,800.00
	D FEDERALSIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned dutyauthorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	le 505, the following n request of its staff,
Iss	uer (Print or Type) Signature/	Date	
	ee, Inc.		2007
	me of Signer (Print or Type) 7 itle of Signer (Print or Type)		_ , `
JON	n T. Sulfivan CEO, President and Sole Director		

END

- ATTENTION -

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