FORM D

UNITED STATES

UNITED STATES

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Expires:

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OMB APPROVAL

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SEC USE ONLY
Prefix Serial

DATE RECEIVED

( check if this is an amendment and name has changed, and indicate change.) Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(cs) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) N.I.K., Inc. (Number and Street, City, State, Zip Code) Address of Executive Offices Telephone Number (Including Area Code) 12 Rampart Court Henderson, NV 89074 702-617-5610 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Indoor Kart Racing Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Actual Estimated 0.6 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

FORM D

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

TICE OF SALE OF SECURITIES

### **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).

NM

CN for Canada; FN for other foreign jurisdiction)

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.

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

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

	•				
		A. BASIC IDI	ENTIFICATION DATA	, w	
<ul> <li>Each beneficial ow</li> <li>Each executive off</li> </ul>	he issuer, if the issuer, and the pownicer and director o	uer has been organized w er to vote or dispose, or dit	•	·	f a class of equity securities of the iss partnership issuers; and
Check Box(es) that Apply:	Promoter		Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Williams, Jason	f individual)				
Business or Residence Addre 12 Rampart Court	•	Street, City, State, Zip Co , NV 89074	ode)		
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Faught, Kenneth	f individual)				
Business or Residence Addre	•	Street, City, State, Zip Co	ode)		
2 Rampart Court	Hendersor	n, NV 89074			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mark, Brad	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
12 Rampart Court	Hendersor	, NV 89074			
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	ode)		
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	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business au Basidanas Addes	se (Number and	Street, City, State, Zip C	ode)		

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

☐ Beneficial Owner ☐ Executive Officer ☐ Director

General and/or

Managing Partner

				<del></del>	******				**	7			· · · · · · · · · · · · · · · · · · ·
	·			:	B. II	NFORMATI	ON ABOU	T OFFERI	NG 🚬	**************************************	n		·
Ι.	Has the	issuer sold	t, or does ti	he issuer ir	itend to se	II, to non-a	ccredited i	nvestors in	this offeri	ng?	*******	Yes <b>∑</b>	N₀ □
			•			Appendix,				_		<u> </u>	ب
2.	What is	the minim	um investn	nent that w	ill be acce	pted from a	ny individ	ua!?				\$_25,000.00	
												Yes	No
3.			permit join										
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe proker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state ons of such		
	l Name (I one	Last name	first, if ind	ividual)	• • • • • • • • • • • • • • • • • • • •								
		Residence	Address (N	lumber and	l Street, Ci	tv. State. Z	ip Code)						
Nai	me of Ass	ociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	s" or check	individual	States)		***************************************	***************************************			****************		l States
	AL	ĀK	AZ	AR	[CA]	CO	[CT]	DE	DC	FL	GA]	HI	מו
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MÏ	MN	MS	MO
	MT	NE]	NV	(NH)	NJ	NM	NY	NC	ND	OH	OK I	OR	PA
	RI	[SC]	SD	TN	TX	UT	[VT]	[VA]	[WA]	ŴŸ	WI	WY	PR
Ful	l Name (I	Last name	first, if ind	ividual)								· ·	
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	ociated Bi	oker or De	aler									
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers			· ·		<del></del>	
	(Check	"All State:	s" or check	individual	States)			***************************************				□ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	JA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC)	ND	OH	OK]	OR	PA
	RI	SC	SD	מד	TX	UT	VT	VA	WA	[WV]	Wi	WY	PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
<del></del>													
Na	me of Ass	ociated Bi	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>				
	(Check	"All State:	s" or check	individual	States)	*	***************************************					☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
		[N	IA	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH) TN	TX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK]	OR WY	PA PR

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

١.	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	\$_0.00	\$ 0.00
	Equity		\$ 1,030,000.00
	☑ Common ☐ Preferred		0.00
	Convertible Securities (including warrants)		\$ \$ 0.00
	Partnership Interests		\$ 0.00
	Other (Specify)	4 000 000 00	
	Total	\$_4,000,000.00	\$_1,030,000.00
	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 Investors	Aggregate Dollar Amount of Purchases \$ 950,000.00
	Accredited Investors		· · · · · · · · · · · · · · · · · · ·
	Non-accredited Investors		\$ 80,000.00
	Total (for filings under Rule 504 only)		\$_0.00
3.	Answer also in Appendix, Column 4, if filing under ULOE.  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		\$_0.00
	Regulation A		\$ 0.00
	Rule 504	,	\$ 0.00
	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		] \$
	Printing and Engraving Costs		\$ 200.00
	Legal Fees		\$ 10,000.00
	Accounting Fees		_
	Engineering Fees	_	-
	Sales Commissions (specify finders' fees separately)	-	] <b>\$</b>
	Other Expenses (identify)	_	
	Total	_	\$ 10,200.00

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."		\$3,989,800.00
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.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	\$ 160,000.00	\$_0.00
Purchase of real estate	\$_0.00	s 0.00
Purchase, rental or leasing and installation of machinery and equipment	\$_0.00	Z \$ 1,225,000.00
Construction or leasing of plant buildings and facilities		\$ 1,477,500.00
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 issuer pursuant to a merger)	\$ 0.00	<b>s</b>
Repayment of indebtedness		s 0.00
Working capital	\$_0.00	✓ \$ 450,500.00
Other (specify): Sales and Marketing	\$_0.00	\$ 70,000.00
General and Administrative Expenses	\$	Z \$ 351,800.00
Column Totals		\$ 3,574,800.00
Total Payments Listed (column totals added)	•	734,800.00
D. FEDERAL SIGNATURE		
e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	on, upon writter	
Signature  J.K., Inc.  Signature	ate 8/2)	101
ime of Signer (Print or Type)  Son Williams  Title of Signer (Print or Type)  Chief Executive Officer		

- ATTENTION -

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

E STATE SIGNATURE	The state of the s
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No

See Appendix, Column 5, for state response.

- 2. 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 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned 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 read 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 authorized person.

Issuer (Print or Type)	Signature
N.I.K., Inc.	18501- William 8/23/27
Name (Print or Type)	Title Print or Type)
Jason Williams	Chief Executive Officer

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

	` 1			, Al	PPENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×							×
AK		×							×
ΑZ		×							×
AR		×							×
CA	х		Common Stock	2	\$225,000	1	\$50,000		×
со		×							×
СТ		x							×
DE		×							×
DC		×							×
FL		_ x							×
GA		×							×
НІ		×	Common Stock	1	\$50,000				×
ΙD		×							х
IL		×							×
IN		×							×
IA		×							×
KS		×							×
KY		х							×
LA		×							×
ME		×							×
MD		x							х
MA		×						ALVANIA VIII V. A. A. A. A. A.	×
MI		x							×
MN		×	1						×
MS		×							×

17.				APP	ENDIX		1		
1	Intend to non-a investor	2 I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		x							×
MT		×							×
NE		×							×
NV	×		Common Stock	3	\$250,000	1	\$30,000		×
NH		×							х
NJ		×							×
NM		×							×
NY		×							×
NC		x	Common Stock	1	\$75,000				×
ND		×							×
OH		×							×
OK		×	Common Stock	1	\$100,000				×
OR		×							X
PA		×							×
RI		×							×
SC		×							×
SD		×	Common Stock	1	\$250,000		17.10 =11.		×
TN		×							×
TX		х							×
UT		×							ĸ
VT		×							×
VA		×							×
WA		×							×
wv		×							×
WI		×							×

		, , ,		APP	ENDIX /	**, **, **	*	•		
l		2 3 4 Type of security						5 Disqualification under State ULOE		
	to non-a investor	to sell eccredited s in State l-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		(if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		×							×	
PR		×							×	

