#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL
OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden hours per response... 16.00

SEC USE ONLY

DATÉ RECEIVED

Prefix

Serial



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

RECEIVED Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Interest in raw land-McMillan Road, Ada County, Idaho Filing Under (Check box(es) that [ ] ULOE [ X ] Rule 506 [ ] Section 4(6) [ ] Rule 504 [ ] Rule 505 apply): [ ] Amendment Type of Filing: [X] New Filing A. BASIC IDENTIFICATION DATA <del>PROCESSE</del>D Enter the information requested about the issuer AUG 2 9 2007 Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.) THOMSOM **DBSI McMillan Road Units LLC** Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1550 S. Tech Lane Meridian, ID 83642 800-678-9110 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** Interest in Real Property Type of Business Organization [ X ] other (please specify): [ ] corporation [ ] limited partnership, already formed **Limited Liability Company** [ ] business trust [ ] limited partnership, to be formed Year Month [ 07 ] [ 07 ] [X] Actual [] Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [1][D]

#### **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 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 in 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 state exemption unless such exemption is predicated 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.

# A. BASIC IDENTIFICATION DATA

# 2. 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.

Check Box(es) that Apply:	[X] Promoter [X]	Beneficial Owner	[ ] Executive Officer	[ ] Director [ X ]	Managing Member	
Full Name (Last name fi	rst, if individual)					
Business or Residence 1550 S. Tech Lane, Me	Address (Number an ridian, ID 83642	d Street, City,	State, Zip Code)			
Check Box(es) that Apply:	[ ] Promoter [ X ]	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner	
Full Name (Last name fi	rst, if individual)					
Business or Residence 1550 S. Tech Lane, Me		d Street, City,	State, Zip Code)			-
Check Box(es) that App	ly: [ ] Promoter [ ] B	eneficial Own	er [X] Executive Office	er [X] Director []	General and/or Managing Partner	
Full Name (Last name fi Hassard, Charles E.	rst, if individual)					
Business or Residence 1550 S. Tech Lane, Me		d Street, City,	State, Zip Code)			
Check Box(es) that App	ly: [ ] Promoter [] B	eneficial Own	er [X] Executive Office	er [X] Director []	General and/or Managing Partner	
Full Name (Last name fi Mayeron, John M.	rst, if individual)					
Business or Residence . 1550 S. Tech Lane, Me		d Street, City,	State, Zip Code)	<u></u>		

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

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1. Has	the issu	er sold, o	r does th	e issuer ir	ntend to s	eli, to nor	n-accredit	ed investo	ors in this	offering?.		Yes No	
			Ar	nswer also	o in Appei	ndix, Colu	ımn 2, if fi	iling unde	r ULOE.				
2. What is the minimum investment that will be accepted from any individual? (A smaller minimum investment may be accepted at the discretion of the issuer)													
3. Does	s the off	ering peri	mit joint o	wnership	of a singl	e unit?						Yes No	
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Full Name (Last name first, if individual)  Crown Capital Securities, L.P.													
Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868													
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Full Name (Last name first, if individual)  Direct Capital Securities													
Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2 <sup>nd</sup> Street, Suite 600, Santa Monica, CA 90401													
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Full Name (Last name first, if individual) First Montauk Securities Corp. Business or Residence Address (Number and Street, City, State, Zip Code) 328 Newman Springs Rd., Red Bank, NJ 07701 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... [ x ] All States [DC] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [FL] [GA] [HI] [ID] [[L] [IA] [KS] [MD] [IN] [KY] [ME] [MA] [MI] [MN] [MS] [MO] IMT [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [HO] [OK] [OR] [PA] [PR] [RI] [SC] [SD] [TN] ITXI IUTI M [VA] [WA] [WV] MI [WY] Full Name (Last name first, if individual) Independent Financial Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 7425 Mission Valley Road, Suite 203, San Diego, CA 92108 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ..... [ ] All States [AL] x  $[AK] \times [AZ] \times [AR] \times [CA] \times$ [CO] x [CT] x [DE] [DC] [FL] x [GA] x [HI] x [ID] x [IL] x [IN] x [IA] x[KS] x  $\{KY\} \times$ [LA] x [ME] x [MD] x [MA] x[MI] x [MN] x [MS] x [MO] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] x [OK] [OR] x [PA] x [OH] x  $[SC] \times [SD] \times [TN] \times [TX] \times$ [WV] x [WI] x [PR] [RI] x [UT] x [VT][VA] x [WA] x [WY] x Full Name (Last name first, if individual) KMS Financial Services, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Sixth Ave., Suite 2801, Seattle, WA 98121 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... [ ] All States [AL] x [AK] [AZ]x[AR] x [CA] x [CO] x [CT] x [DE] x [DC] x [FL] x [GA] x [HI] x[ID] x [IN] x [IA]x[KS] x [KY] x [LA] x [ME] x [MD] x [MA] x [MI] x [MN] x [IL] x [MS] x [MO] x [NE] x [NV] x [NH] [MT] x [NJ] x [NM] x [NY] x [NC] x INDI IOHI x [OK] x [OR] x [PA] x [RI] x  $[SC] \times [SD] \times [TN] \times [TX] \times$ [UT] x  $[\nabla\Pi]$ [VA] x [WA] x [WV] x [WI] x [WY] x (PR) Full Name (Last name first, if individual) MCL Financial Group, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1869 W. Littleton Blvd., Littleton, CO 80120 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... [ ] All States [AZ] x [AR] x [CA] x IAL1 x [AK] (CO) x (CTI x (DE) x [DC] x (FL1 x IGA1 x [HI] x [ID] x [IL] x [IN] x [IA] x IKS1 x [KY] x (LA) x [ME] x [MD] x [MA] x [MI] x [MN] x [MS] x (MO) x [MT] x [NE] x [NV] x [NH] [NJ]x[NY] x [NC] x [ND] [OH] x [OK] x [OR] x (PA) x [NM] x [PR] [RI] x [SC] x [SD] x [TN] x [TX] x [UT] x [VT][VA] x [WA] x [WV] x[WI] x WY] x

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	Business or Residence Address (Number and Street, City, State, Zip Code) 10542 S. Jordan gateway, Ste. 330, Salt Lake City, UT 84065													
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Full Name (Last name first, if individual)  QA3 Financial Group														
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Full Name (Last name first, if individual) Sammons Security Company, LLC													
Business or Residence Address (Number and Street, City, State, Zip Code) 4261 Park Road, Ann Arbor, Mi 48103													
Name	of Assoc	iated Bro	ker or De	aler		<u>-</u>	<del></del>						
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Full Name (Last name first, if individual) Sawtooth Securities LLC													
				Number a e, <b>ID 837</b> 0		t, City, Sta	ate, Zip C	ode)					
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Full Name (Last name first, if individual) Sigma Financial Corp													
Business or Residence Address (Number and Street, City, State, Zip Code) 4261 Park Road, Ann Arbor, MI 48103													
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[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[NJ]	[LA] [NM]	[ME] [NY]	[MD]	[MA] [ND]	[MI] [OH]	[MN]	[MS] [OR]	[MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[NC] [VA]	[WA]	[WV]	[OK]	[WY]	[PR]	
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States	in Which	Person I	Listed Ha	s Solicite	d or Inten	ds to Soli	cit Purcha	asers		r	] All State		
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Business or Residence Address (Number and Street, City, State, Zip Code)  1821 56 <sup>th</sup> Ave. Ste. B, Greeley, CO 80634  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			name fir es Allian		ridual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							t, City, Sta	ate, Zip C	ode)					
(Check "All States" or check individual States)	Name	of Associ	ated Brok	er or De	aler									
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[RI] x [SC] x [SD] x [TN] x [TX] x [UT] x [VT] [VA] x [WA] x [WV] x [WI] x [WY] x [PR]  Full Name (Last name first, if individual)  VSR Financial Services  Business or Residence Address (Number and Street, City, State, Zip Code)  8620 W. 110 <sup>th</sup> Street, Suite 200, Overland Park, KS 66210  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	[IL] x	[IN] x	[IA] x	[KS] x	[KY] x	[LA] x	[ME] x	[MD] x	[MA] x	[Mi] x	[MN] x	[MS] x	[MO] x	
Full Name (Last name first, if individual)  VSR Financial Services  Business or Residence Address (Number and Street, City, State, Zip Code)  8620 W. 110 <sup>th</sup> Street, Suite 200, Overland Park, KS 66210  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[MT] x	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY] x	[NC] x	[ND]	[OH] x	[OK] x	[OR] x	[PA] x	
WSR Financial Services  Business or Residence Address (Number and Street, City, State, Zip Code) 8620 W. 110 <sup>th</sup> Street, Suite 200, Overland Park, KS 66210  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI] x	[SC] x	(SD) x	[TN] x	[TX] x	(UT) x	[VT]	[VA] x	[WA] x	[WV] x	[WI] x	[WY] x	[PR]	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busine <b>8620 V</b>	ss or Re: <b>V. 110<sup>th</sup> S</b>	sidence A Street, Su	ddress (i i <b>te 200,</b>	Number a	ind Stree I Park, K	t, City, Sta S 66210	ate, Zip C	ode)					
(Check "All States" or check individual States)       [ x ] All States         [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]	Name	of Associ	ated Brok	er or De	aler				77 7					
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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 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	\$	\$
[ ] Common [ ] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify Tenant in Common Interest ).	\$ <u>5,800,000.00</u>	\$
Total	\$ <u>5,800,000.00</u>	\$ <u>0</u>
Annuar also in Annuardia, Column 3, if filing and a 11 OF		

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 <u>Rule 504</u>, 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

	Investors	Dollar Amount
Accredited Investors	0	of Purchases
	0	\$ <u>0</u>
Non-accredited Investors		_\$ *0
Total (for filings under Rule 504 only)		_\$0
Answer also in Appendix, Column 4, it filing under OLOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information reques for all securities sold by the issuer, to date, in offerings of the types indicated, the to (12) months prior to the first sale of securities in this offering. Classify securities by listed in Part C-Question 1.	welve	
	. T	Dollar Amount
Type of offering	Type of Security	Sold
Rule 505		_\$
Regulation A		_\$
Rule 504		_\$
Total		_\$ <u>0</u>
4. a. Furnish a statement of all expenses in connection with the issuance and district 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 continge If the amount of an expenditure is not known, furnish an estimate and check the bottle left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify) Marketing, Wholesaling, and Organizational Expenses	encies. ox to	[] \$
<ul> <li>b. Enter the difference between the aggregate offering price given in response to F expenses furnished in response to Part C - Question 4.a. This difference is the "ad issuer."</li> <li>5. Indicate below the amount of the adjusted gross proceeds to the issuer used or to be used for each of the purposes shown. If the amount for any purpose is not kn furnish an estimate and check the box to the left of the estimate. The total of the particular that the particular</li></ul>	ljusted gross proceeds to proposed nown, ayments	
listed must equal the adjusted gross proceeds to the issuer set forth in response to Question 4.b above.	riallo-	
Salaries and fees	Payments to Officers, Directors, & Affiliates []\$	Payments To Others
Purchase of real estate	[ <b>X</b> ] \$246,14	7.00 [X] \$ <u>4,566,239.00</u>
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
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)	[]\$	[]\$
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	
Other (specify): Accountable Reserves	[]\$ []\$	
Acquisition Related Expenses		
Due Diligence Analysis	[]\$	[X] \$ <u>98,074.00</u>
Column Totals	[ <b>X</b> ] \$ <u>246,147</u>	7.00 [X]\$ <u>4,738,313.00</u>

[X] \$4,984,460.00
--------------------

Total Payments Listed (	(column totals added)	<b>\</b>
Total Payments Listed (	column totals added	/

# **D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Signature /

Date

DBSI McMillan Road Units LLC, an Idaho LLC

Name of Signer (Print or Type)

8/21/07

Title of Signer (Print or Type)

By DBSI Housing, Inc., its member

Adam Cleary, its Authorized Representative

### **ATTENTION**

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

E. STATE SIGNATURE							
I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [ ] [X]"						
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 not (17 CFR 239,500) at such times as required by state law.	ice is filed, a notice on Form D						
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, inform offerees.	nation furnished by the issuer to						
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the 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 significant duly authorized person.	gned on its behalf by the						

Title (Print or Type)

'Adam Cleary, its Authorized Representative

8/21/07

# Instruction:

Issuer (Print or Type)

Name of Signer (Print or Type)

By DBSI Housing, Inc., its member

DBSI McMillan Road Units LLC, an Idaho LLC

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.

