

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

141	1659
(OMB ADDROVAL

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per respon	hours per response 16.00					

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						
1	ŀ						

Name of Offering (check if this is an am	endment and name has changed, and indic	cate change.)	
Offering of Convertible Promissory Notes Filing Under (Check box(es) that apply):	Rule 504 □ Rule 505 ☒ Rule 506 □	Section 4(6) FILLIOF	
• • • • • • • • • • • • • • • • • • • •		Section 4(6) LI OLOE	
Type of Filing: ⊠ New Filing ☐ Amendm			A FEBRUAR BOND FOR IN BOND AFORD BOND I BRIDE FOR I LOVE FOR I
	A. BASIC IDENTIFICATION DAT	ГА	
1. Enter the information requested about the is			
Name of Issuer (check if this is an amend	ment and name has changed, and indicate	change.)	07076927
CardioDigital, Inc.			01010921
Address of Executive Offices (N	Number and Street, City, State, Zip Code)	Telephone Number (Included)	ding Area Code)
1802 SW Elm Street, Portland, OR 97201		(503) 560-5607	
Address of Principal Business Operations (National Control of Security Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Include	ding Area Code)
Brief Description of Business Commercializa	tion and development of medical device		
	· ·		
. *			
Type of Business Organization			PROCESSED
□ corporation □ limite	d partnership, already formed	- 4 (1 · · · · · · · · · · · · · · · · ·	
□ business trust □ limite	d partnership, to be formed	other (please specify):	SEP 0 7 2007
•	Month Year		
Actual or Estimated Date of Incorporation or C	Organization: 0 3 0 7	☑ Actual ☐ Estimated	THOMSON
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbre	eviation for State:	FINANCIAL
, o	CN for Canada; FN for other foreign juri		DE
GENERAL INSTRUCTIONS			<u> </u>
Federal:			•
Who Must File: All issuers making an offering et seq. or 15 U.S.C. 77d(6).	of securities in reliance on an exemption i	under Regulation D or Section	on 4(6), 17 CFR 230.501
When To File: A notice must be filed no later the U.S. Securities and Exchange Commission (S that address after the date on which it is due, on the	EC) on the earlier of the date it is received I	by the SEC at the address give	en below or, if received at
Where to File: U.S. Securities and Exchange Con	nmission, 450 Fifth Street, N.W., Washingto	on, D.C. 20549.	
Copies Required: Five (5) copies of this notice m	nust be filed with the SEC, one of which mu	st be manually signed. Any co	ppies not manually signed

Filing Fee: There is no federal filing fee. State:

and the Appendix need not be filed with the SEC.

must be photocopies of the manually signed copy or bear typed or printed signatures.

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.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-ing, 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

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.

		A. BASIC IDEN	FIFICATION DATA		
2. Enter the information re	quested for the f	following:			
Each promoter of the	e issuer, if the iss	suer has been organized w	ithin the past five years;		
 Each beneficial own securities of the issu 	• •	wer to vote or dispose, or	direct the vote or dispositi	on of, 10% or r	nore of a class of equity
 Each executive office 	er and director o	f corporate issuers and of	corporate general and mai	naging partners	of partnership issuers; and
 Each general and ma 	anaging partner o	of partnership issuers.			
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner		⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Galen, Peter	if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addr 1802 SW Elm Street, Port		nd Street, City, State, Zip (Code)		<u> </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Lum, Vince	if individual)				
Business or Residence Addr 1802 SW Elm Street, Port	· ·	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, Simpson, David	if individual)				
Business or Residence Addre Elvingston Science Centre	•		*		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Watson, James Nicholas	if individual)				
Business or Residence Addre 12 Briarbank Terrace, Ed		• •	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Addison, Paul Stanley	f individual)				
Business or Residence Addre 58 Buckstone Road, Edinb		•	Code)		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

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

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code) Elvingston Science Centre, East Lothian, EH33 1EH, United Kingdom

CardioDigital Limited

				В.	INFORMA	TION AB	OUT OFF	ERING					
						11. 1.			•			Yes	
1. Has	the issuer s	old, or does							_		•••••••		⊠
2 1175-	e in tha min	imm. invo			• •		-	ınder ULOI		************		¢.	10.000
2. wna	a is the min	amum mve	siment that	will be acc	epteu irom	any murvi	iuai?	*****************		••••••			10,000
3. Does the offering permit joint ownership of a single unit?									Yes ⊠	No			
4. Ente or si listed of th	r the inforn milar remu d is an asso	nation requ neration fo ciated pers dealer. If	ested for ear r solicitation on or agent more than	nch person on of purch of a broke five (5) pe	who has be asers in co or or dealer crsons to be	en or will l nnection w registered v	be paid or g ith sales of with the SE	given, direc securities C and/or w	tly or indire in the offer ith a state o	ectly, any coring. If a peop states, lister or dealer	ommission erson to be t the name	_	
Full Nam None.	e (Last nan	ne first, if i	ndividual)	<u> </u>									
Business	or Residen	ce Address	(Number a	nd Street, C	City, State,	Zip Code)							
Name of	Associated	Broker or	Dealer			<u> </u>						<u></u>	
States in	Which Pers	on Listed I	las Solicite	d or Intend	s to Solicit	Purchasers							
										•••••			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	
[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	(]
	or Residen			nd Street, (City, State,	Zip Code)		···					
Name of	Associated	Broker or l	Dealer										
States in	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers	 -						
(Check	"All States"	' or check i	ndividual S	tates)								□ 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)]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI] Full Nam	[SC] e (Last nam	(SD) ne first, if in	TN }	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]		[WY]	[PR	
	···												<u> </u>
Business	or Residen	ce Address	(Number a	nd Street, (City, State,	Zip Code)		,					
Name of	Associated	Broker or l	Dealer										
States in	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers				······································			
(Check	"Ali States'	or check i	ndividual S	tates)				*************			••••••	□ 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]	OM]	
[MT]	[NE]	[VV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	:]

3

{00000188.DOC 1}

$C \in C$	DEFERING PRICE	NIIMRED	OF INVESTORS	FYDENCEC A	NITHEE	OF DDOCEE!

Type of Security		Aggregate Tering Price	Amo	unt Already Sold
Type of Security		_	_	
Debt			s	-0-
Equity	\$		\$	
□ Common □ Preferred				
Convertible Securities (including warrants)	\$	1,000,000	\$	200,000
Partnership Interests	\$	0-	S	-0-
Other (Specify)	\$	-0-	\$	-0-
Total	\$	1,000,000	\$	200,000
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	Doi	Aggregate Ilar Amount
		Investors		Purchases
Accredited Investors		2	\$	200,000
Non-accredited Investors	_		s	-0-
Total (for filings under Rule 504 only)	_		S	
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 Security		Type of Security	Doll	ar Amount Sold
Rule 505		N/A	\$	N/A
Regulation A		N/A	\$	N/A
Rule 504		N/A	S	N/A
Total		N/A		N/A
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			\$	0-
		_	\$	-0-
Printing and Engraving Costs		_	<u> </u>	1,000
Printing and Engraving Costs Legal Fees		☒	-	
			\$	-0-
Legal Fees			\$ \$	
Legal Fees		_	\$ \$ \$	-0- -0-
Legal Fees			\$ \$ \$ \$	

<u> </u>	FERING PRICE, NUM	iber of investors, expenses and	USE	JF PROCEEDS		
tion I and total expense	s furnished in response	offering price given in response to Part C - e to Part C - Question 4.a. This difference	s the		\$_	999,000
used for each of the purp and check the box to the	oses shown. If the amount left of the estimate. The	ss proceeds to the issuer used or proposed nt for any purpose is not known, furnish an est total of the payments listed must equal the adj o Part C - Question 4.b above.	imate			
Gross provens to the too	ier get foter in tesponse t	0.m. 0 423000 110 200,0.		Payments to		
				Officers,		Designants To
				Directors, & Affiliates		Payments To Others
Salaries and fees	***************************************		□ \$ _	-0-	□ \$ _	-0-
Purchase of real estat	6		□\$ _		□ \$_	0-
Purchase, rental or lea	asing and installation of r	machinery and equipment	□ \$ _	-0-	□ \$ _	-0-
Construction or leasing	ng of plant buildings and	facilities	□ \$_	-	□ \$	-0-
Acquisition of other b	ousinesses (including the	value of securities involved in this				
offering that may be a	used in exchange for the	assets or securities of another issuer pursuant		•	_ ^	
						-0-
			-			-0-
						999,000
		tin de tributario (1, 1) e 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	□ \$_	-0-	□ \$_	-0-
			□ \$ _	-0-	□ \$_	-0-
Column Totals		······································	□ \$ _		⊠ \$_	999,000
		D. FEDERAL SIGNATURE		·····		
The issuer has duly severed	this nation to be singer	by the undersigned duly authorized person)£ +h	is notice is filled	مامسا	r Dula 505 tha
following signature constitut	es an undertaking by the	issuer to furnish to the U.S. Securities and Exy non-accredited investor pursuant to paragrap	change	Commission, up		
Issuer (Print or Type)		Signature		Date		,
CardioDigital, Inc.		The An		August 29, 20	07	
Name of Signer (Print or Typ	oe)	Title of Signer (Print or Type)				
Peter Galen		President				

ATTENTION

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

