•			1911626	
		UNITED STATES	OMB APPROVAL	
	RECEIVED	SECURITIES AND EXCHANGE COMMIS	SION OMB Number: 323	35-0076
		Washington, D.C. 20549		0, 2008
FRO	2007	FORM D	Extimated average burden hours per response	16.00
		NOTICE OF SALE OF SECURITIES	SEC USE ONLY	
	1001 1001 ( C	SEE PURSUANT TO REGULATION D.	0 10 10 10 10 10 10 10 10 10 10 10 10 10	Serial
A STORY		SECTION 4(6), AND/OR	1,02	
i BEL Mer		UNIFORM LIMITED OFFERING EXEMPT	DATE RECEIVED	
L_ WAR	A2 [8]	182 /3/		
Name of Offering (	check if this is an amenifrastructure Partners LP	dment and name has changed, and indicate change.)		
	k box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule ] Amendment	506 Section 4(6) ULOE	
		A. BASIC IDENTIFICATION DATA		
Enter the inform     Name of Issuer	nation requested about the	issuer endment and name has changed, and indicate change.)		
Notebook Acquisit	ion Company			
Address of Execut c/o FCC Holdings,		(Number and Street, City, State, Zip Code) 3383 North State Road 7, Lauderdale Lakes, FL 33319	Telephone Number (Including Area Code) (954) 535-8700	
Address of Princip (if different from Ex	al Business Operations xecutive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
Brief Description o	f Business	PROCESSED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Acquisition entity.		· ((00000000000000000000000000000000000		
		SEP 0 7 2007 💆	) 1987/Y 80/0 1887/Y 80/0 787/Y 01/0 787/Y 01/00 1/14 188/Y 188/Y	
		THOMSON	07076953	
Type of Business (	Organization	1114		
corporation	•	☐ limited partnership, already formed	other (please specify):	
☐ business trust		☐ limited partnership, to be formed  Month Year		
Actual or Estimate	d Date of Incorporation or C			
	·			
Jurisdiction of Inco	orporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction)	State: D E	
GENERAL INST	RUCTIONS			
	l issuers making an offering	of securities in reliance on an exemption under Regulat	tion D or Section 4(6), 17 CFR 230.501 et seq. or	r 15
U.S.C. 77d(6). When to File: A no	ntice must be filed no later t	than 15 days after the first sale of securities in the offerin	a A notice is deemed filed with the U.S. Securit	ies
and Exchange Cor	mmission (SEC) on the earl	lier of the date it is received by the SEC at the address g	iven below or, if received at that address after the	
•		y United States registered or certified mail to that addres Commission, 450 Fifth Street, N.W., Washington, D.C. 2		
	•	e must be filed with the SEC, one of which must be man		ust be
photocopies of ma	nually signed copy or bear	typed or printed signatures.		
	ation requested in Part C, a	ain all information requested. Amendments need only re and any material changes from the information previously		
	s no federal filing fee.			
State:		the the form the half of the Europe in (III OE) for		
ULOE and that have been	ve adopted this form. Issue n made. If a state requires	on the Uniform Limited Offering Exemption (ULOE) for sees relying on ULOE must file a separate notice with the state payment of a fee as a precondition to the claim for the state of the second seed of the seed	Securities Administrator in each state where sale ne exemption, a fee in the proper amount shall	s are
notice and must be		d in the appropriate states in accordance with state law.	The Appendix in the house constitutes a part of	11 HJ
		ATTENTION ites will not result in a loss of the federal exemption	SEC MARCO	
Failure to file not notice will not res	tice in the appropriate sta sult in a loss of an availab	ites will not result in a loss of the federal exemption ole state exemption unless such exemption is predict	n. Conversely, fallure to file the appropriate for a federal notice.	ederal L
SEC 1972 (05-05)		to the collection of information contained in this form displays a currently valid OMB control number.	rm are not required to	
			782 ECTION	

		A. BASIC IDENTIF	ICATION DATA				
Enter the information reque	ested for the following:						
<ul> <li>Each promoter of the</li> </ul>	issuer, if the issuer has t	been organized within the past five	years;				
<ul> <li>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;</li> </ul>							
		te issuers and of corporate general	and managing partners of pa	artnership issuers; and			
Each general and ma	maging partner of partner						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, it	individual)						
Niehaus, Robert H.							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zip Code)					
FCC Holdings, Inc., 3383 No	rth State Road 7, Lau	derdale Lakes, FL 33319					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name (Last name first, it	individual)						
Bousquette, Kevin							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zip Code)					
FCC Holdings, Inc., 3383 No	rth State Road 7, Lau	derdale Lakes, FL 33319					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, it	individual)		· -	· <u>-</u>	•		
Abrams, David							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zip Code)					
FCC Holdings, Inc., 3383 No	rth State Road 7, Lau	derdale Lakes, FL 33319					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner		
Full Name (Last name first, it	findividual)			****			
Rhodes, Travis							
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)			· ·		
FCC Holdings, Inc., 3383 No	rth State Road 7, Lau	derdale Lakes, FL 33319					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)				-		
Knobel, David							
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)					
FCC Holdings, Inc., 3383 No	rth State Road 7, Lau	derdale Lakes, FL 33319					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, it	individual)	1					
Abrams Capital Partners II, L	P.						
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)	<del></del>				
c/o Abrams Capital, LLC, 22	2 Berkeley Street, 22 <sup>™</sup>	Floor, Boston, MA 02116					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)		···				
Greenhill Capital Partners (E	mployees) II, L.P.						
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)	<del></del>	***	<del></del>		
c/o Greenhill Capital Partner	s, LLC, 300 Park Aver	nue, 23 <sup>rd</sup> Floor, New York, NY	10022				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	-						
Greenhill Capital Partners II,		of City Chart Tip Codes					
Business or Residence Addr			10022				
do Greenniii Capital Partner	s, LLC, 300 Park Aver	nue, 23 <sup>rd</sup> Floor, New York, NY	10022				

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

				<u> </u>	
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Riva Capital Partners, LP	•				
Business or Residence Addre	ess (Number and Street	t, City, State, Zip Code)			
c/o Abrams Capital, LLC, 222	Perkeley Street, 22nd F	Floor, Boston, MA 02116			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Asher, Jay	·				
Business or Residence Addre	ess (Number and Street	t, City, State, Zip Code)		• • • • • • • • • • • • • • • • • • • •	
FCC Holdings, Inc., 3383 No.	rth State Road 7, Laude	erdale Lakes, FL 33319			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Yawn, Neal					
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			<del></del>
FCC Holdings, Inc., 3383 No.	rth State Road 7, Laude	erdale Lakes, FL 33319			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)	•••		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
, , , , , , , , , , , , , , , , , , , ,					
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			· <u>·</u>	
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
,	•				
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)		<del></del>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		<del>.</del>		
,	<b>,</b>				
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		·	<u> </u>	
			<u> </u>		

	<del></del> ,				8	. INFORMA	TION ABOU	T OFFERIN	G		-		
	•		<del></del>									Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										☒		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	2. What is the minimum investment that will be accepted from any individual?								<u>\$0</u>				
_												Yes ⊠	No □
3.										Ø	Ц		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any 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 such a broker or dealer, you may set forth the information for that broker or dealer only.									<b>11</b>				
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nan	ne of As	sociated Bi	oker or Dea	ler									
						olicit Purcha						☐ All State	5
`	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
_	ıL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[N	/IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
<b>[</b> F	રા]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
	Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)												
Nan	ne of As	sociated Bi	roker or Dea	ler							· •		
						olicit Purcha						☐ All State	s
	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]
	/IT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(F	RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full	Name (	Last name	first, if indivi	dual)									
Bus	iness or	Residence	Address (N	umber and S	Street, City,	State, Zip Co	ode)					" " " " " " " " " " " " " " " " " " "	
Nan	ne of As	sociated Br	roker or Dea	ler	•								
						olicit Purcha			<del></del>			☐ All State	s
	•					[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	(HI)	(ID)
	AL] IL]	(AK) (IN)	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[C1] [ME]	[MD]	[MA]	[MI]	[MN]	(MS]	[MO]
	/IT]	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	(MC) (OR)	(PA)
	RIJ	[SC]	[SD]	[TN]	[TX]	[UT]	[/1]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
-													

Answer also in Appendix, Column 3, if filing under ULOE.  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		
Answer also in Appendix, Column 3, if filing under ULOE.  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	32,000,000.00	\$132,000,000.00
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		
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		
"none" or "zero."	Number Investors	Aggregate Dollar Amoun of Purchases
Accredited Investors		\$132,000,000.00
Non-accredited Investors 0		\$0
Total (for filings under Rule 504 only)n/a	1	n/a
Answer also in Appendix, Column 4, if filing under ULOE.		
Type of offering	Type of Security	Dollar Amoun Sold
Rule 505	•	\$
Regulation A		\$
Rule 504		\$
Total		\$
Total		
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.	_	đo.
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
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  Printing and Engraving Costs		\$0
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  Printing and Engraving Costs  Legal Fees		\$0 \$1,470,000
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  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.		\$0 \$1,470,000 \$392,170
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  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.  Engineering Fees		\$0 \$1,470,000 \$392,170 \$0
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  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.		\$0 \$1,470,000 \$392,170 \$0
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  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.  Engineering Fees		\$0 \$1,470,000 \$392,170 \$0

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

5.	Indicate below the amount of the adjusted gr to be used for each of the purposes shown. furnish an estimate and check the box to the listed must equal the adjusted gross proceed – Question 4.b above.	If the amount for any purpose is not known, eft of the estimate. The total of the payments				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate		\$		\$	
	Purchase, rental or leasing and installation		\$		\$	
	Construction or leasing of plant buildings	and facilities		\$		\$
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)		\$		\$129,930,001.28	
	Repayment of indebtedness		\$		\$	
	Working capital		\$		\$	
	Other (specify):			\$		\$
					. —	
				\$		\$
				\$		\$
	Total Payments Listed (column totals add	ded)		\$129,9	930,001	1.28
		D. FEDERAL SIGNATURE				
cons		by the undersigned duly authorized person. If to the U.S. Securities and Exchange Commission tor pursuant to paragraph (b)(2) of Rule 502.				
Issu	er (Print or Type)	Signature	$\overline{}$	Date /	1	_
	Holdings, Inc. (as successor to Notebook isition Company)	om hosaid	) 	8/27/	07	7
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Johr	McDougail					

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

## **ATTENTION**

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

