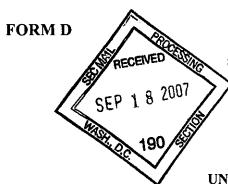
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB NUMBER:	3235-0076				
Expires:	April 30, 2008				
Estimated aver	age burden				
hours per respo					

Prefix	Serial
DATE RE	CEIVED

□ business trust □ limited partnership, to be formed						
Filing Under (Check box(es) that apply):	Name of Offering (check if this is a	n amendment and nam	ne has changed, and ir	idicate chan;	ge.)	
Type of Filing: Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bond Holdings III Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 5650 Yonge Street, Suite 400, Xerox Tower, Toronto, Ontario M2M 4N5 (416) 730-5082 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization Corporation Imited partnership, already formed other (please specify): Dimited partnership, to be formed	Bond Holdings III Inc.					
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Filing Under (Check box(es) that apply):	🖾 Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6)	□ ULOE
1. Enter the information requested about the issuer Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) Bond Holdings III Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 569 Yonge Street, Suite 400, Xerox Tower, Toronto, Ontario M2M 4N5 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization □ corporation □ limited partnership, already formed □ other (please specify): PROCESSED	Type of Filing: X New Filing	☐ Amendment				
Name of Issuer (A. BASIC II	DENTIFICATION D	ATA		I 1887A BUNI 188A YULLIBUN 1994 INTO 877A UNI 87A UNI 1881
Bond Holdings III Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) 5650 Yonge Street, Suite 400, Xerox Tower, Toronto, Ontario M2M4N5 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	1. Enter the information requested about	the issuer				
Address of Executive Offices (Number and Street, City, State, Zip Code) 5650 Yonge Street, Suite 400, Xerox Tower, Toronto, Ontario M2M4N5 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization Corporation Imited partnership, already formed business trust Imited partnership, to be formed	Name of Issuer (check if this is an a	mendment and name l	has changed, and indi	cate change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 569 Yonge Street, Suite 400, Xerox Tower, Toronto, Ontario M2M4N5 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization Calc corporation limited partnership, already formed other (please specify): Description of Business Organization limited partnership, to be formed other (please specify):	Bond Holdings III Inc.					07077366
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dusiness trust Telephone Number (Including Area Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code)	Address of Executive Offices	(Number and Stree	t, City, State, Zip Coo	ie) T	elephone Number (I	0/0//300
(if different from Executive Offices) Brief Description of Business: Type of Business Organization Corporation Dusiness trust Dusiness trus	5650 Yonge Street, Suite 400, Xerox Tower, Toron	to, Ontario M2M 4N5		(4	16) 730-5082	
Brief Description of Business: Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dusiness trust Dimited partnership, to be formed	Address of Principal Business Operations	(Number and Stree	t, City, State, Zip Coo	de) Te	elephone Number (Incl	uding Area Code)
Type of Business Organization Corporation Dusiness trust	(if different from Executive Offices)					
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): ☐ ULESSEL ☐ business trust ☐ limited partnership, to be formed	Brief Description of Business:					
□ business trust □ limited partnership, to be formed	Type of Business Organization					DDOOECCE
	☑ corporation □	limited partnership, al	ready formed		ther (please specify):	でいってこうらに
Month Year CFP 2 5 2017	□ business trust □ 1	imited partnership, to	be formed			
		ſ				SEP 2 5 2007
Actual or Estimated Date of Incorporation or Organization: 0 6	Actual or Estimated Date of Incorporation	or Organization:	<u>0 6 0 7 </u>	X A	Actual D Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:			U.S. Postal Service al	breviation f	or State:	THOMSON
CN for Canada; FN for other foreign jurisdiction) FINANCIAL					<u>CIN</u>	\ FINANCIAL

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 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 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 state 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 predicated on the filing of a federal notice.

		SIC IDENTIFIC	CATION 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 general partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
		eneficial Owner	☒ Executive Officer	☑ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if indi Metcalf, Dean	vidual)						
Business or Residence Address 5650 Yonge Street, Suite 400, Xo					****		
Check Box(es)that Apply: ☐ P	romoter	neficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if indi Hammond, Russell	•						
Business or Residence Address 5650 Yonge Street, Suite 400, X							
Check Box(es)that Apply: □ P	romoter 🗆 Be	eneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if ind	vidual)			,			
Business or Residence Address	(Number and Street,	City, State, Zip Co	ode)	.,			
Check Box(es)that Apply: □ P	romoter	eneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if ind	vidual)						
Business or Residence Address	(Number and Street,	City, State, Zip Co	ode)				
Check Box(es)that Apply:	romoter 🗆 Be	eneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if ind	ividual)						
Business or Residence Address	(Number and Street,	City, State, Zip Co	ode)	-			
Check Box(es)that Apply: □ P	romoter	eneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if ind	ividual)						
Business or Residence Address	(Number and Street,	City, State, Zip Co	ode)				
Check Box(es)that Apply:	romoter 🗖 Bo	eneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners		
Full Name (Last name first, if ind	ividual)						
Business or Residence Address	(Number and Street,	City, State, Zip Co	ode)				
/I Ia	a blank shoot or son	u and use addition	al conies of this sheet a	c necessary)	· · · · · · · · · · · · · · · · · · ·		

				B. IN	FORMAT	ION ABO	UT OFFE	RING				
1 Use the	issuer solo	l or does ti	ne issuer int	end to sen	d to non-so	oredited in	vectors in t	hic affering	_v ?		Yes	No 🖾
i. Has the	issuci soic	i, or does i			in Appendi							143
2 What is	s the minim	um investr	nent that wi				•				\$50.	000
2. What is	s the minin	um mvesn	iicht that wi	n be accep	ica nom a	iy individa			***************************************			<u> </u>
											Yes	No
3. Does th	ne offering	permit join	t ownership	of a single	e unit?		,					
comm If a pe list the dealer	ission or si erson to be e name of t , you may s	milar remu listed is an he broker o set forth the	ested for ea ineration fo associated or dealer. It is information	r solicitation person of a f more than	on of purch a broker or n five (5) po	asers in co dealer regi ersons to be	nnection w stered with e listed are	ith sales of the SEC at associated	f securities nd/or with a	in the offe a state or st	ring. ates,	
ruli Nam	e (Last nan	ne iirsi, ii i	ngividuai)									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	:)					
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed l	nas Solicite	d or Intend	s to Solicit	Purchasers						
(Check	"All States	" or check	individual (States)							🗆	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]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ie (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code)					
Name of	Associated	Broker or	Dealer			·				· · · · · · · · · · · · · · · · · · ·		
			has Solicite individual							*************	🗖	All States
			[AR]								[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]
Full Nam	e (Last nan	ne first, if i	ndividual)									
										_		
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or	Dealer									
			has Solicite individual:							************	D	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[C1]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
 Enter the aggregate offing price of securities included in this offering and the total amount already 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 Amount	
Debt.	\$0	\$ <u>0</u>
Equity	\$ <u>545,000</u>	\$ <u>545,000</u>
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ <u>0</u>
Other (Specify)	\$ 0	\$ 0
Total	\$ 545,000	\$ 545,000
Answer also in Appendix, Column 3, if filing under ULOE		<u> </u>
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".		Aggregate
Accredited Investors	Number Investors 5	Aggregate Dollar Amount of Purchases \$ 545,000
	_	
Non-accredited Investors	0	\$ <u>0</u>
Total (for filings under Rule 504 only)		\$
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.	Towns	Dellas Assessat
Type of offering Rule 505	Type of Security	Dollar Amount Sold \$
Regulation A		\$
Rule 504		\$
Total		\$
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.		1 \$
Printing and Engraving Costs	📮	S \$ 30,000
Accounting Fees	[3 \$
Engineering Fees	[3 \$
Sales Commissions (specify finder's fees separately)	[\$
Other Expenses (identify). Regulatory filings	D	Z \$ <u>2,000</u>
Total	C	S \$ <u>32,000</u>

C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AN	D U	SE OF PROC	EEDS	
b. Enter the difference between the aggregate of Question 1 and the total expenses furnished in responsible "adjusted gross proceeds to the issuer"	ise to Part C - Question 4.a. this differe	nce i	S	\$ <u>.</u>	513,000
5. Indicate below the amount of the adjusted gross process for each of the purposes shown. If the amount for a and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set froth in response.	ny purpose is not known, furnish an est total of the payments listed must equ	timat	e		
Salaries and fees			Payments T Officers, Directors, & Affiliates	દ	Payments To Others
Purchase of real estate			\$	_	\$
Purchase, rental or leasing and installation of ma		_	\$		\$
Construction or leasing of plant buildings and fa	• • • •		\$		\$
Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)		\$		\$	
Repayment on indebtedness			\$		\$
Working capital			S	_	\$
Other (specify): General Corporate Purposes			\$		\$ 513,000
Column Totals			\$	X	\$ 513,000
Total Payments Listed (column totals added)				\$ <u>513,000</u>	
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the issinformation furnished by the issuer to any non-accredite	suer to furnish to the U.S. Securities Co.	mmis	ssion, upon wr	s filed un itten requ	der Rule 505, the est of its staff, the
Issuer (Print or Type) Bond Holdings III Inc.	Signature,	0	7	Date Septemb	er <u> 7</u> , 2007
Name of Signer (Print or Type) Russell Hammond	Title of Signer (Print or Type)	4		<u> </u>	<u>,</u>
	Vice President				
Intentional misstatements or omissions o	ATTENTION of fact constitute federal crimin	nal v	riolations. (See 18	U.S.C. 1001.)

SEC 1972 (2-97) 5 of 8