14/3249

FORM D



SECURITIES AND EXCHANGE COMMISSION
Washington, D.Q. 29549 O.S.D. Q. 1

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:

Estimated average burden hours per response.....16.00

NOTICE OF SALE OF SECURIFIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| SEC U | JSE ONLY |
|--------|----------|
| Prefix | Serial |
| DATE | RECEIVED |
| 1 | 1 |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|---|--|
| Convertible Note offering | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | ULOE |
| 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.) | |
| Pocketfinder LLC | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 4989 East La Palma Avenue, Anaheim, CA 92807 | 800-615-0869 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | PHOCESCE |
| Developing personal location detection devices. | F SEP 24 200 |
| Sharinara tanas | please specify): THOMSON FINANCIAL |
| Actual or Estimated Date of Incorporation or Organization: OTT OTE Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | nated |

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 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.

| | 有多数1988 | A. BASIC I | DENTIFICATION DATA | | |
|---|-----------------------|----------------------------|--------------------------------|---------------------------------------|--|
| 2. Enter the information re | | _ | | • | |
| Each promoter of t | the issuer, if the is | suer has been organized | within the past five years; | | |
| Each beneficial ow | ner having the pov | er 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 off | icer and director o | f corporate issuers and | of corporate general and ma | naging partners of | partnership issuers; and |
| Each general and r | managing partner o | of partnership issuers. | | | |
| Check Box(es) that Apply: | ✓ Promoter | Beneficial Owne | r Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Morse, David | f individual) | | · | | |
| Business or Residence Addre 4989 East La Palma Ave | · | | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Scalisi, Joseph | f individual) | | | 1-1-1 | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip | Code) | | |
| 4989 East La Palma Aven | iue, Anaheim, C | A 92807 | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | r 📗 Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i Mejia, Desiree | f individual) | | | - <u></u> | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip | Code) | | |
| 4989 East La Palma Aver | nue, Anaheim, C | A 92807 | | | |
| 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 | Code) | | |
| 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 | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, it | f individual) | | | | |
| Business or Residence Addres | ss (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 | f individual) | | ···· | | · |
| Business or Residence Addres | ss (Number and | Street, City, State, Zip (| Code) | | |
| | (Use blar | nk sheet, or copy and us | e additional copies of this s | heet, as necessary) | |

| 通常 | | | Mari | B. I | NFORMAT | ION ABOU | T OFFERI | NG | | | 1 200 | |
|-------------------------------|-------------------------------|---|---|--|---|--|---|---|---|--|----------------------|----------------------|
| 1. Has the | icouer col | d ordoest | ha icewar i | ntand to ca | ll to non- | coredited : | invectore i | thic offer | inat | | Yes | No |
| i. Has the | 2 1220CL 2016 | ı, or does t | | | n, to non-a Appendix | | | | - | ••••••••• | | X |
| 2. What i | s the minim | um investr | | | | | | | | | \$ | |
| 2. // | 3 LIQ IIIIIII | | | VIII 00 2000 | prod Hom | , | | ••••• | •••••• | | Yes | No |
| 3. Does ti | ne offering | permit join | t ownersh | ip of a sing | le unit? | ••••• | **************** | •••••• | | •••••• | R | |
| commi If a per or state | ssion or sim son to be lis | ilar remune ted is an as ame of the b | ration for: sociated po proker or d | solicitation erson or age caler. If me | of purchas ent of a brol ore than fiv | ers in conn cer or deale e (5) perso | ection with or registered ns to be list | sales of se d with the S ted are asso | curities in t SEC and/or | irectly, any he offering. with a state sons of such | | |
| Full Name (Northstar I | - | - | ividual) | | | | | | | | | |
| Business or | Residence | Address (N | lumber an | d Street, C | ity, State, 2 | Lip Code) | | | | | | |
| 5027 Rand | | | | 59 Olympi | us St., Enc | initas, CA | 92024 | | | ····· | | |
| Name of As | sociated Bi | oker or De | aler | | | | | | | | | |
| States in W | hich Person | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| (Check | "All State: | s" or check | individua | l States) | *************** | •••••• | •••••• | | | ***************** | ☐ Al | States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HÍ MS OR WY | ID MO PA PR |
| Full Name (| | first, if ind | ividual) | | | | | | | | | |
| Business of 4839 Almo | r Residence | | | | City, State, | Zip Code) | | <u> </u> | <u>.</u> | | | |
| Name of As | | - | _ | | • | | | · · · · · · · · · · · · · · · · · · · | <u></u> | | | |
| N/A | | | | | | | | | | | | |
| States in W | | | | | | | | | | | | |
| (Check | "All States | or check | individual | l States) | | | | | ************** | •••••• | ☐ All | States |
| IL MT RI | AK IN NE SC | IA NV SD | KS NH TN | GA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | MN | HI MS OR WY | ID MO PA PR |
| Full Name (Nevett, Sea | | first, if ind | ividual) | | | | | | | | | |
| Business or | | | | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| 759 Olymp | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Name of As | sociated Br | oker or De | aier | | | | | | | | | |
| States in W | | | | | | | | | | | | |
| (Check | "All States | or check | individua! | States) | •••••••• | | *************************************** | *************************************** | *************************************** | | ☐ All | States |
| AL TL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | GA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | | HI MS OR WY | ID MO PA PR |

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

| 1. | 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 | s | <u> </u> |
| | Equity | \$ | |
| | Convertible Securities (including warrants) | 9,500,000 | 0 ,5,037,000 |
| | Partnership Interests | | |
| | Other (Specify | " | |
| | Other (Specify) | 9,500,000 | 5,037,00C |
| | Answer also in Appendix, Column 3, if filing under ULOE. | P | |
| 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 54 | Dollar Amount of Purchases 5,037,000 |
| | Non-accredited Investors | | s 0 |
| | Total (for filings under Rule 504 only) | • | · • |
| | | | . s <u> </u> |
| 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 | | \$ |
| | Regulation A | | s |
| | Rule 504 | | \$ |
| | 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 | ····· Z | \$ 10,000 |
| | Printing and Engraving Costs | | s_ 1,000 · |
| | Legal Fees | | 05 000 |
| | Accounting Fees | | 5 000 |
| | Engineering Fees | | . – |
| | Sales Commissions (specify finders' fees separately) | _ | \$327,500 |
| | Other Expenses (identify) | | s |
| | Total | _ | s368,500 |

| | C. OFFERING PRICE, NU | MBER OF INVESTORS, EXPENSES AND USE OF I | PROCEEDS | |
|------|--|--|--|---------------------------|
| | and total expenses furnished in response to Part C- | fering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross | | s 4,668,500 |
| 5. | each of the purposes shown. If the amount for | proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above. | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | □\$360,000 | |
| | | | | · |
| | Purchase, rental or leasing and installation of m | • | | _ |
| | | acilities | | |
| | Acquisition of other businesses (including the voffering that may be used in exchange for the as | value of securities involved in this | | |
| | Repayment of indebtedness | | | s50,000 |
| | Working capital | | | s0 |
| | Other (specify): Product Development | | \$ | □\$ <u>2,500,00</u> 0 |
| | | | | _ |
| | Column Totals | | _s_360,000 | $0 = \frac{4,308,500}{1}$ |
| | | | | ,668,500 |
| 10 | | D. FEDERAL SIGNATURE | 隐的影響不是 | |
| sigi | nature constitutes an undertaking by the issuer to f | he undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commis ccredited investor pursuant to paragraph (b)(2) of F | sion, upon writte | |
| İssı | er (Print or Type) | Signature | Date | |
| Po | cketfinder LLC | V James I | 15 Sept. 07 | |
| Nar | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Da | vid Morse | Manager | | |

– ATTENTION —

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

| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |
|----|---|-----------|-------------|
| | 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 f D (17 CFR 239.500) at such times as required by state law. | iled a no | tice on For |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees. | ion furn | ished by t |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clair of this exemption has the burden of establishing that these conditions have been satisfied. | | |

Date

15 Sept. 07

Signature

Manager

Title (Print or Type)

Instruction:

Issuer (Print or Type)

Name (Print or Type)

Pocketfinder LLC

David Morse

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.

| | APPENDIX | | | | | | | | | | |
|-------|--------------------------------|---|--|--------------------------------------|--|--|-------------|-----|----------|--|--|
| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 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 | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | | | | | | | | | | |
| CA | | × | Conv. Notes \$9,500,000 | 51 | \$4,965,0 | 0 0 | _ | | × | | |
| со | | × | Conv. Notes \$9,500,000 | 1 | \$17,000 | 0 | | | × | | |
| СТ | | | | | | - | | | | | |
| DE | | | | | | | | | | | |
| DC | | | | | ļ | | | | | | |
| FL | | | | | | | | | | | |
| GA | |] | | | | | | | | | |
| ні | | × | Conv. Notes \$9,500,000 | 1 | \$45,000 | 0 | | | × | | |
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| IL | | | | | | | | | | | |
| IN | | | | | | ; | | | | | |
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| KS | | | | | | | | | <u> </u> | | |
| KY | | | | | | | | | | | |
| LA | | | | | | | | | , | | |
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| MD | | | | | | | | | | | |
| MA | | | | | | | | | | | |
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| MN | | | | | | | | | | | |
| MS | | | | | | | | | | | |

APPENDIX 2 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Amount Yes No MO MT NE ΝV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VAConv. Notes WA × X \$9,500,000 1 \$10,000 0 wv WI

| \$ 202 | | A B COLOR | | APP | ENDIX | | | | | |
|--------|----------|---|--|---|--------|--|--------|-----|----|--|
| 1 | to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | aggregate ng price d in state Type of ir amount purc | | 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 | |
| WY | | | | | | | | | | |
| PR | | L | | | | | ······ | | | |

