FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM D

CEP & A 200

OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

OMB Approval

SEC USE ONLY
Prefix Serial

☑Actual

□ Estimated

DATE RECEIVED



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

Name of Offering (  check if this is	an amendment and name has changed, and indicate change.)	
<del>-</del> `	liability company interests	DD00000
Filing Under (Check box(es) that app	oly): 🗆 Rule 504 🗆 Rule 505 🗹 Rule 506 🗆 Section 4(6) 🕻	ULOE PIOUESSE
Type of Filing: ☑ New Filing ☐ A	nendment	0CT 0 1.2007
	A. BASIC IDENTIFICATION	ON DATA
1. Enter the information requested ab	out the issuer	THOMEON
Name of Issuer ( check if this is an	n amendment and name has changed, and indicate change.)	FINANCIAL
Backer Blitz, LLC		, •
Address of Executive Offices (Numb	er and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
321 North Clark Street, Ste.	825, Chicago, IL 60610	(312)376-1007
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Investment Fund		
Type of Business Organization		
□ corporation	☐ limited partnership, already formed	☑ other (please specify): Limited Liability Company
☐ business trust	☐ limited partnership, to be formed	
		Month Year

## GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

#### 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).

CN for Canada; FN for other foreign jurisdiction)

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.

 $\Box\Box$  DE

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

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 predicated on the filing of a federal notice.

## 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:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Managing Member
Full Name (Last name first, if individual)				
Contego Capital Partners, LLC	<del> </del>			
Business or Residence Address (Number and S	treet, City, State, Zip Code)			
321 North Clark Street, Ste. 825, Cl		<u> </u>		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Manager of Managir Member
Full Name (Last name first, if individual)				
Busch, Arlene				
Business or Residence Address (Number and S	treet, City, State, Zip Code)			
321 North Clark Street, Ste. 825, C	hicago, IL 60610			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	□Executive Officer	☑ Principal of Manag	ging Member   General and/or  Managing Partner
Full Name (Last name first, if individual)				
Schink, David				
Business or Residence Address (Number and S	treet, City, State, Zip Code)	<u></u>		
321 North Clark Street, Ste. 825, Cl	hicago II 60610			
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 Address (Number and S	treet, City, State, Zip Code)	·		<del></del> _
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	•			
Business or Residence Address (Number and S	treet, 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 Address (Number and S	treet, 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, if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and S	treet City State Zin Code)			
or represent reality (railing mid b	, only omic, hip code)			

			-	· · · · · · · · · · · · · · · · · · ·			B. II	NFO	RMA	TIO	N Al	BOUT C	OFFERING			
1. Has	the iss	uer sold	or does	the issu	er inten	d to sell	, to non	-accred	ited inv	estors i	n this o	ffering?			es	No ☑
						Ansv	ver also	in App	endix, (	Column	2, if fil	ing under U	LOE.			
2. What is the minimum investment that will be accepted from any individual?						S	\$ <u>500,000</u> .00									
3. Doe	s the o	ffering p	permit j	oint own	ership o	of a sing	le unit?								res ☑	No □
pı aı	irchase id/or w	rs in co ith a sta	nnection te or sta	n with sa	iles of s	ecuritie e of the	s in the broker	offerin	g. If a	person	to be lis	sted is an as	r indirectly, any commission or sociated person or agent of a b be listed are associated persons	roker or dealer n	egistered	d with the SEC
Full N	ame (L	ast nam	e first, i	if individ	lual)											
Busin	ess or R	esidenc	e Addre	ess (Num	ber and	Street,	City, St	ate, Zip	Code)				***			
Name	of Asso	ociated	Broker	or Deale	r					·				<u></u>		<del></del>
	k "All S	States" o	or check		ual State	es)							🗆 All States			
[AL]		[AZ]		[CA]							•					
[IL]	[IN]	[IA]	[KS]		- •		[MD]				•					
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				
Full N	ame (L	ast nam	e first,	if individ	lual)									<del></del>		
Busin	ess or R	esidenc	e Addre	ess (Num	iber and	Street,	City, St	ate, Zip	Code)							
Name	of Ass	ociated	Broker	or Deale	г		_							- <del></del>		
				d Has So												
(Chec [AL]		States" o			ual State [CO]								🗆 All States			
[IL]	[IN]	[[A]	[KS]				[MD]	, ,			•					
		[NV]		•			[NC]			- •						
[RI]	[SC]		[TN]				[VA]									
Full N	ame (L	ast nam	e first,	if individ	lual)								<del></del>			<del></del>
Dist	D					Ca	Cim C	7	<u>C 1 )</u>							<del></del>
Busin	ess or K	esidenc	e Adan	ess (Num	ioer and	Street,	City, St	ate, Zip	Code							
Name	of Ass	ociated	Broker	or Deale	Г											
				d Has So individu									🗆 All States			
				[CA]												
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	(ME)	[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

already sold. Enter "0" if answer is "	recurries included in this offering and the obtain amount 'none' or "zero". If the transaction is an exchange offer- it the column below the amounts of the securities of-		
fered for exchange and already exch			
Type of Security		Aggregate Offering Price	Amount Already Sold
Debt		<b>s</b>	s
Equity			s
	☐ Common ☐ Preferred		
	ling warrants)		s
•			s
	limited liability company interests		\$ <u>5,300,000.00</u>
		\$	s
Answer also in a	Appendix, Column 3, if filing under ULOE		
this offering and the aggregate dolla 504, indicate the number of persons	n-accredited investors who have purchased securities in r amounts of their purchases. For offerings under Rule who have purchased securities and the aggregate dollar al lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		18	\$5,300,000.00
Non-accredited Investors			\$
Total (for filings under	Rule 504 only)		s
securities sold by the issuer, to date,	ule 504 or 505, enter the information requested for all in offerings of the types indicated, in the twelve (12) rities in this offering. Classify securities by type listed	Type of	Dollar Amount
		Security	Sold
Rule 505		·············	s
Regulation A			\$
Rule 504			s
Total			s
securities in this offering. Exclude issuer. The information may be given	in connection with the issuance and distribution of the amounts relating solely to organization expenses of the ven as subject to future contingencies. If the amount of an an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees			s
Printing and Engraving Costs			\$15,000.00
			\$25,000.00
			\$ 5100000
=			·———
			<b>3</b>
	finder's fees separately)		\$
	ostage, filing fees, miscellaneous expenses		\$20,000
Total			\$60,000.00

C. OFFERING I RICE, N	UNIDER OF ITTESTORS, EX	ZI 171	DES AND	7512 01	TROCEEDS	
b. Enter the difference between the aggregate offe	ring price given in response to Part C-					
Question 1 and total expenses furnished in resp is the "adjusted gross proceeds to the issuer."			\$ <u>9,9</u>	<u>40,000.00</u>		
<ol> <li>Indicate below the amount of the adjusted gross pro used for each of the purposes shown. If the amount an estimate and check the box to the left of the esti- must equal the adjusted gross proceeds to the issue tion 4.b. above.</li> </ol>	ceeds to the issuer used or proposed to be t for any purpose is not known, furnish mate. The total of the payments listed	t	ayments to			
		r	Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees			s	C	] s	
Purchase of real estate			S		]	
Purchase, rental or leasing and installation	of machinery and equipment		\$		] <b>s</b>	
Construction or leasing of plant buildings a	and facilities		s		] <b>\$</b> _	
Acquisition of other businesses (including offering that may be used in exchange for to pursuant to a merger	the assets or securities of another issuer	п	<b>s</b>	-۱	] s	
Repayment of indebtedness			s		s	
Working capital			\$		\$9,940,000.00	
Other (specify)		_	\$		3 <u>9,940,000.00</u>	•
			<b></b>		J 9	
		п	<b>S</b>	r	] s	
			\$		s	•
	d)			\$ <u>9,940,00</u>		
	D. FEDERAL SIGNAT	URE	,			
The issuer has duly caused this notice to be signed by undertaking by the issuer to furnish to the U.S. Seconon-accredited investor pursuant to paragraph (b) (2)	surities and Exchange Commission, upon writ					
Issuer (Print or Type)	Systrature		Date 9-20	-7.90	2	
Backer Blitz, LLC Name of Signer (Print or Type)	Title of Signer (Print or Type)		1,00	- 200	<u> </u>	
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Arlene Busch	Manager of Contego Capital Partr	ners, L	LC, the Mana	iging Me	ember	<u></u>
	•					
Intentional misstatements or omissions of fact cons	ATTENTION	S C 100				
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