FORM D RECEIVED OCT 0 5 2007

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
ORM LIMITED OFFERING EXEMPTION

/	4	4	8	4	6

OMB APP	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average b	ourden
hours per response	16.00

SEC USE ONLY										
Prefix	Serial									
DATE F	DATE RECEIVED									
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Name of Offering (check if this is an an	nendment and name h	as changed, and indic	ate change.)			
Madison County Self Storage, DS			•			
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	☑ Rule 5	.nk	Section 4(6)	ULOE
	Amendment	☐ Kale 303	Z Kuic J	.00	☐ 3cction 4(0)	3000
Type or I ming.	the market				·	
	A. BAS	IC IDENTIFICATI	ON DATA			
1. Enter the information requested about th	ie issuer	· · · · · · · · · · · · · · · · · · ·				
Name of Issuer (check if this is an am	endment and name ha	s changed, and indica	te change.)			
Madison County Self Storage, DS		•				
Address of Executive Offices	(Number and Street	City, State, Zip Code	1	Telephone	Number (Includi	ng Area Code)
111 Corporate Drive, Suite 210, La	,	• •	-,	-	872-1031	ig Area Code)
		· · · · · · · · · · · · · · · · · · ·	,	<u> </u>		
Address of Principal Business Operations	(Number and Street	City, State, Zip Code	=)	Telephone	: Number (In	THE REPORT OF THE REPORT OF THE PROPERTY OF TH
(if different from Executive Offices)						
				 		
Brief Description of Business						
The acquisition, lease and sale of r	eal property held by	y a Delaware Status	ory Trust.			07077694
	···					
Type of Business Organization						0000000
corporation	limited partners	hip, already formed		other(p	lease specify):	PROCESSED
business trust	limited partners	hip, to be formed				
		Month	Year		··	OCT 1 2 2007
Actual or Estimated Date of Incorporation	or Organization:	0 8	7	Actua	l 🔲 Estimate	d
•		للستسلست	·		і 🗀 Езіпай	THOMSON
Jurisdiction of Incorporation or Organization	•	7N for other foreign i		r State:	D.E.	
	CIN IOI Callada: I	TA TOL OTHER TOLEIBU I	urisaiciioii)		DE	— 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 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.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

		A. BASIC IDENTI	FICATION DATA									
2. Enter the information requ	ested for the following	ng:										
 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 a 	and director of corpo	rate issuers and of corpora	te general and managing part	mers of partnership	p issuers; and							
Each general and managing partner of partnership issuers.												
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner							
Full Name (Last name first, if	individual)			··· ···	,							
U.S. Commercial, LI												
Business or Residence Address (Number and Street, City, State, Zip Code) 111 Corporate Drive, Suite 210, Ladera Ranch, California 92694												
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	s (Number and Stree	t, 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	s (Number and Stree	t, City, State, Zip Code)										
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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	s (Number and Stree	t, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
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Business or Residence Address	(Number and Street	t, 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 Street	t, 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	s (Number and Street	t, City, State, Zip Code)										

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					B. INFORMA	TION AROL	T OFFERI	NG				~	
					or tivi Ortivia	TION ADO	or or len				Yes	No.	
1 Has th	ne issuer sol	ld or does	the issuer in	ntend to sell	to non-accre	dited invest	ors in this c	offering?				No ⊠	
1. 1100 11	.0 .5546. 50	, 0. 4005			so in Append			=		***************************************	٥		
					• •		_						
2. What	is the minir	num inves	tment that v	will be accep	ted from any	individual?	•••••		•••••		\$100,000*		
											Yes	No	
3. Does	the offering	permit jo	int ownersh	ip of a single	unit?						\boxtimes		
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. Full Name (Last name first, if individual)													
			individual)										
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	d Advisors		Douler										
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Business	or Residen	ce Addres			ity, State, Zip		 	-					
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	Associated	<u></u>	<u>* </u>										
	nAllen Fin												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									States				
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) $3.1.\ \text{of}\ 9$

^{*} A smaller amount may be accepted by the company, in its sole discretion.

				В.	INFORMA	TION ABOU	UT OFFERI	NG				_
							···				Yes	No
1. Has th	ie issuer sol	d, or does	the issuer in	ntend to sell,				•				\boxtimes
				Answer also	o in Append	lix, Column	2, if filing i	under ULOI	Ξ.			
2. What	is the minir	num inves	tment that v	vill be accept	ed from any	individual?	*******************	•••••	***************************************	······································	\$100,00	0*
											Yes	No
3. Does t	the offering	permit joi	nt ownershi	ip of a single	unit?					************	\boxtimes	
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. Full Name (Last name first, if individual)												
	Full Name (Last name first, if individual) Vanclef, Jason B.											
			: (Number a	nd Street, Ci	tv State Zii	n Code)						
			•	n Diego, CA	•	p code)						
Mad	ison Aven	ue Securi	ties, Inc.	-								
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			-	nd Street, Cit 530, Orange	•							
Name of	Associated	Broker or	Dealer	• • • • • • • • • • • • • • • • • • • •	•	•						
Crow	n Capital S	ecurities, l	L.P.									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									☐ All	States		
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			· · · · · · ·									
											Yes	No
1. Has t	he issuer sol	d, or does	the issuer ir	ntend to sell,		edited invest lix, Column		_		•••••		☒
			_		• •	•						
2. What	is the minir	num inves	tment that v	vill be accept	ed from any	individual?				•••••	\$100,000	0*
3. Does	the offering	permit joi	int ownershi	p of a single	unit?		*************	•••••		***********	Yes ⊠	No □
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. Full Name (Last name first, if individual)												
	ne (Last nan nes, Brent 1		individual)									
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Business	or Residen	ce Address	-	nd Street, Ci 530, Orange	•							
	Associated			<u></u>	<u></u>							
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States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									☐ All	States		
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3.3. of $\,9\,$

^{*} A smaller amount may be accepted by the company, in its sole discretion.

			-			•					Yes	No
1. Has t	he issuer so	ld, or does	the issuer i	ntend to sell,	to non-accre	edited invest	ors in this o	offering?	•••••			\boxtimes
				Answer al	so in Append	lix, Column	2, if filing	under ULOE				
2. What	is the mini	num inves	tment that	will be accep	ted from any	individual?		,	•••••		\$100,00	0*
											Yes	No
3. Does	the offering	permit jo	int ownersh	ip of a single	unit?						\boxtimes	
comma pers	nission or si son to be lis s, list the nar	milar remoted is an as	aneration fo ssociated pe proker or de	r solicitation erson or agen aler. If more	o has been or of purchaser t of a broker than five (5) for that broke	rs in connect or dealer re- persons to l	tion with sa gistered wit be listed are	les of securit h the SEC ar	ies in the c id/or with a	offering. If a state or		
	ne (Last nar sheski, Wi	-	individual)					=			_	-
			•		ity, State, Zip a, GA 3032	-						
Name of	Associated	Broker or	Dealer		<u>.,</u>	<u>-</u>	-					
States in	Which Pers	on Listed	Has Solicit		to Solicit Pu				************		☐ All States	
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^{*} A smaller amount may be accepted by the company, in its sole discretion.

1. Has th	ne issuer so	ld, or does	the issuer in	ntend to sell, Answer als	to non-accre			Ū			Yes	No M
2. What is the minimum investment that will be accepted from any individual?)*
3. Does t	the offering	; permit joi	int ownershi	p of a single	unit?			••••••			Yes ⊠	No
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.												
	ie (Last nan d, Carolin		individual)									
			s (Number a pelo, MS 3	nd Street, Ci 8802	ty, State, Zip	Code)				,	•	
Name of	Associated	Broker or										
States in	Which Pers	on Listed	Has Solicite	d or Intends								States
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]											[HI] [MS√] [OR]	[ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(wv)	[WI]	[WY]	[PR]
	e (Last nan , Cheryl A		individual)									
				nd Street, Ci San Francis								
Name of	Associated salis Capita	Broker or	Dealer		·			· ·				
States in	Which Pers	on Listed	Has Solicite	d or Intends I States)				<u> </u>			[] All	States
[AL]	[AK]	[AZ]	[AR]	[CA✓]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI] Full Nam	[SC] le (Last nan	[SD]	[TN] individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			·	nd Street, Ci	tu. Stata 7:-	Cada						
Dusiness	or Residen	ce Address	(Number a	na Street, Ci	ty, State, Zip	Code)						
Name of	Associated	Broker or	Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)									☐ All	States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TY] [UT] [VT] [VA] [WA] [WA]											[HI] [MS] [OR]	[ID] [MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) $3.5. \ \text{of} \ 9$

^{*} A smaller amount may be accepted by the company, in its sole discretion.

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if 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 Aggregate Amount Already Type of Security Offering Price Sold Debt -0-Equity ☐ Common Preferred Partnership Interests......\$ -0--0-\$4,500,000.00 Total.......\$4,500,000.00 \$4,500,000.00 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." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$4,500,000.00 Non-accredited Investors..... Total (for filings under Rule 504 only) ---\$ ---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 Dollar Amount Type of Offering Security Sold Rule 505 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.... **⊠** \$-0-Printing and Engraving Costs \$ -0-Legal Fees \$180,000 \boxtimes \$ -0-Accounting Fees Engineering Fees **⊠** \$-0-\$315,000 Sales Commission (specify finders' fees separately) Other Expenses (identify) **⊠** \$-0-Total \$495,000

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

	C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
b.	and total expenses furnished in response	ate offering price given in response to Part C – Que to Part C – Question 4.a. This difference is the "ad	justed	\$ 4,005,000
5.	each of the purposes shown. If the amou	d proceeds to the issuer used or proposed to be use nt for any purpose is not known, furnish an estimat The total of the payments listed must equal the adjusted of the Part C – Question 4.b above.	e and	
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		S -0-	∑ \$-0-
	Purchase of real estate		S -0-	\$2,774,999
	Purchase, rental or leasing and instal	lation of machinery and equipment	S -0-	\$ -0-
	Construction or leasing of plant buil	dings and facilities	\$ -0-	⋈ <u>\$-0-</u>
	Acquisition of other businesses (incl offering that may be used in exchang	57. \$ 0.	⋈ \$ -0-	
	• •			
	• ,	tion Fees and Related Expenses		\$63,288
	Other (specify): <u>Real Estate Acquist</u>	tion rees and Related Expenses	₩ 3-0-	
	Column Totals		S -0-	№ \$4,005,000
	Total Payments Listed (column total	s added)		005,000
		D. FEDERAL SIGNATURE		
foll	wing signature constitutes an undertakin	gned by the undersigned duly authorized person. I g by the issuer to furnish to the U.S. Securities and by the issuer to any non-accredited investor pursua	Exchange Commission	n, upon written
lssu	er (Print or Type)	Signature	Date	
Mad	ison County Self Storage, DST	100	194	or
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		v
Н. М	fichael Schwartz	President, U.S. Commercial, LLC, as Signatory T DST	rustee of Madison Co	unty Self Storage,

-ATTENTION-

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

	E. S	TATE SIGNATURE			
Is any party described in 17 CFR 230.2 of such rule?	Yes	No ⊠			
	See Appendix,	, Column 5, for state r	esponse.		
2. The undersigned issuer hereby undertake Form D (17 CFR 239.500) at such time			of any state in which this notic	e is filed, a no	tice on
3. The undersigned issuer hereby undertaissuer to offerees.	ikes to furnish to t	the state administrator	rs, upon written request, infor	mation furnish	ied by the
4. The undersigned issuer represents that t Limited Offering Exemption (ULOE) of of this exemption has the burden of esta	of the state in whic	ch this notice is filed a	nd understands that the issuer		
The issuer has read this notification and k undersigned duly authorized person.	nows the contents	to be true and has du	aly caused this notice to be sig	ned on its beh	alf by the
Issuer (Print or Type)	Signature	1/4/	Date	,	
Madison County Self Storage, DST		[]	1 1	19	
Name of Signer (Print or Type)	Title of Signer	r (Print or Type)			
II Michael Cahamata	President, U.S	S. Commercial, LLC, a	as Signatory Trustee of Madiso	on County Self	Storage,

DST

Instruction:

H. Michael Schwartz

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

i		2	3			4			5
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ							- -		
AR									
CA		×	Limited Liability Company interests in real estate - \$4,500,000	5	\$1,049,671.04	0	N/A		×
со									
СТ				:					
DE									
DC									
FL		⊠	Limited Liability Company interests in real estate - \$4,500,000	2	\$1,800,000.00	0	N/A		⊠
GA		⊠	Limited Liability Company interests in real estate - \$4,500,000	2	\$375,000.00	0	N/A		×
ні									
ID									
IL									
IN									
lA									
KS			- 1						
KY									
LA									
МЕ		□	·						
MD		□							
MA									
МІ									

APPENDIX

1	2 3 4					4	5		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited				No
MN		Ø	Limited Liability Company interests in real estate - \$4,500,000	1	\$81,850.00	O	N/A		ឪ
MS		Ճ	Limited Liability Company interests in real estate - \$4,500,000	1	\$288,665.89	0	N/A		⊠
МО									
МТ									
NE									
NV									
NH									
ИJ									
NM					·				
NY									
NC		0					-		
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN		⊠	Limited Liability Company interests in real estate - \$4,500,000	1	\$217,446.07	0	N/A		⊠
TX									
UT									
VT									

APPENDIX

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item !)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
VA		⊠	Limited Liability Company interests in real estate - \$4,500,000	1	\$326,000.00	0	N/A		⊠
WA		⊠	Limited Liability Company interests in real estate - \$4,500,000	1	\$361,367.00	0	N/A		⊠
wv									
WI									
WY	□						•		
PR									

