FORM D

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 FORM LIMITED OFFERING EXEMPTION

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ONITORINI LIMITED OFFERING EXEMI	riion
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Opulink Corporation small Rule 504 accredited investor subscription	I APM PARI I IRBI SAULI IRBI SAULI IRBI SAULI IRBI SAULI IRBI SAULI IRBI
Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ∩roe
Type of Filling: New 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.)	
Opulink Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) 10320 Little Patuxent Pkwy, Suite 802, Columbia, MD 21044	Telephone Number (Including Area Code)
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	
Time of Duciness (American	
Type of Business Organization corporation limited partnership, already formed other (p)	lease specify):
business trust limited partnership, to be formed	PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: [Actual Estimated Estimated Comparison Estimated Est	L 00m 4
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	500112 200/
CN for Canada; FN for other foreign jurisdiction)	THOMSON
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be 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. 205	49.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.	the name of the issuer and offering, any changes ed in Parts A and B. Part E and the Appendix need
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 sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Scare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ccurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

AABASIG IDENTIFICATION DAGA						
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: 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, 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, 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, City, State, Zip Code)						
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Full Name (Last name first, if individual)						
Business or Residence Address (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)						
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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 (Number and Street, City. State, Zio 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, City, State, Zip Code)						

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

SE					SEE JES	NEORMAN	HONAVBO)	(II)(O)NNER	no a				
												Yes	No
1.	Has the	issuer sol	d, or does t							-	***************************************		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is	the minin	num investi	ment that v	vill be acco	epted from	any indivi	dual?			*********	\$	
3.	Does t	a offerina	narmit ini	** =======	in afa ala	ala salan						Yes	No
4.											lirectly, any the offering		
	If a per	son to be li:	sted is an as	sociated p	erson or ag	ent of a bro	ker or deale	er registere	d with the	SEC and/or	with a state	:	
			ame of the l							ociated pen	sons of such	1	
Ful			first, if ind				- CIOROI OI	Gearer on) ,				
		2	11100 11 1110										
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			·			
Nar	ne of As	sociated B	roker or De	aler									
Stat			1 Listed Ha										
	(Check	"All State:	s" or check	individua	l States)	***************	********		,		*************		Il States
	AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	[GA]	TH.	ĬD)
	ĪL	IN	M	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	\overline{NV}	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	32	SD	TN	TX	UT	∇T	VA	WA	WV	WI	WY	PR
Pull	Name (l act name	first, if ind	iiridual									
1 411	т тапо (Dast Hailic	11151, 11 1110	ividuai)									
Bus	iness or	Residence	Address (Number an	d Street. C	litv. State.	Zin Code)					 	
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Durchager						
Jul			or check									A1	l States
	(Chook	7 Kii Otaloo	or check	morvicual	Diaros)	***************	*************			***************	*****************	☐ AI	i piatos
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE SC	NÝ SD	NH TN	[NJ] [TX]	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
		[BC]		1111	עביי	011	(VI)	VA	WA			(VV)	<u> </u>
Full	Name (1	ast name	first, if ind	ividual)									
Ruci	inecc or	Residence	Address (1	Jumber on	d Street C	ity State	7in Code)		 				
Dus	111033 01	residence	Audi cas (i	Adinoci an	u succi, c	ny, state, i	zip Code)						
Nam	e of Ass	ociated Br	oker or De	aler									
			····										
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check "All States" or check individual States)						States						
٠	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	IL	N.	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT ·	NE CO	NV)	NH	NJ	NM TUE	NY	NC	ND	OH	OK DV	OR	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.)

1.	Enter the aggregate offering 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 Price	Amount Already Sold
		50	, 0
		500,000	_ <u>\$</u> 400,000
	Common Preferred	\$ 500,000	400,000
		ა <u>\$</u> 0	ss
	•	\$ 0	s 0
		\$ 1,000,000 \$	\$ 800,000
	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 Dollar Amount of Purchases
	Accredited Investors	9	s 400,000
	Non-accredited Investors	0	s 0
	Total (for filings under Rule 504 only)		\$ 400,000
	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 Offering	Type of Security	Dollar Amount Sold
)	\$0
	·	0	\$ ⁰
	-	0	s o
	Total		s_0
1	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		s
•	Printing and Engraving Costs		s _75.00
•	Legal Fees	_	\$ 14,578.75
	Accounting Fees		\$ <u>0</u>
•	Engineering Fees	_	\$ ⁰
٠	Sales Commissions (specify finders' fees separately)		\$ 50,000
	Other Expenses (identify)		\$ <u>0</u>
	Total		s 64,653.75

	C. OPPERING PRICE, NO	IBER OPINVESTIORS:	EXPENSES (VIDUSE O):	erogeeds :	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C – proceeds to the issuer."	- Question 4.a. This diffe	rence is the "adjusted gros	S	935,346.25 \$
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pa	ny purpose is not know of the payments listed ma	n, furnish an estimate and ist equal the adjusted gros	i	
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees				. □ \$ 150,000
	Purchase of real estate		***************************************	□ \$ <u> </u>	. □ s _0
	Purchase, rental or leasing and installation of ma	chinery		ms 0	. DS
٠	Construction or leasing of plant buildings and fa	cilities			\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	lue of securities involve	ed in this		
	issuer pursuant to a merger)		***************************************	□\$ <u>0</u>	□ \$ ⁰
	Repayment of indebtedness				\$ 20,000
	Working capital	***************************************			\$ 360,346.25
	Other (specify):			s_ <u>o</u>	□ \$ <u> </u>
				_ s <u>°</u>	
	Column Totals			 □ \$_350,000	S 585,346.25
	Total Payments Listed (column totals added)				5,346.25
		OF THE STATE OF TH	YAUTURED		
igr	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-accordance.	rnish to the U.S. Securit	ics and Exchange Commi	ssion, upon writte	le 505, the following n request of its staff,
ssu	er (Print or Type)	Signature		Date	
Van	ne of Signer (Print or Type)	Title of Signer (Print	or Type)		
	·				

- ATTENTION -

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

	E) STAVID SIGNATION	er a	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
OPULINK CORPORATIO	N for Sohn	10/1/07
Name (Print or Type)	Title (Print or Type)	,
FRED G. GIEERKEN	ACTING PRESIDENT/	Chief Operating Officer



Instruction:

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.