FORM D UNITED STATES

SECURITIES AND EXCHANCE COMMISSION

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

OMB APPROVAL
OMB Number: 3235-0076
Estimated average burden
hours per response . . . 16.00

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| SEP 1 3 2007 | |
| 190 P | UN |

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

| SEC USE ONLY | | | | | | | | |
|---------------|--------|--|--|--|--|--|--|--|
| Prefix | Serial | | | | | | | |
| | | | | | | | | |
| DATE RECEIVED | | | | | | | | |
| | | | | | | | | |

| Name of Offering (check if this is an amendment a | nd name has changed, and indicate change.) | |
|--|---|---|
| Satori Group, Inc Offering of Series C | Convertible Preferred Stock | |
| Filing Under (Check box(es) that apply): Rule 504 | ☐ Rule 505 ☐ Rule 506 ☐ Section | 14(6) ULOE |
| Type of Filing: New Filing Amendment | | |
| í A | BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer | | |
| · — · | name has changed, and indicate change.) | 07077756 |
| Satori Group, Inc. | <u></u> | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number (menuing Area Code) |
| 555 North Lane, Suite 6100 | Conshohocken, PA 19428 | 610-862-6301 |
| Address of Principal Business Operations | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | | PPOCEOGER |
| Brief Description of Business | | PROCESSED |
| Data implementation and integration. | | CED 2 0 2007 |
| | | SEP 2.0 2007 |
| Type of Business Organization | | THOMSON |
| | partnership, already formed | other-limites MANCIA pany, formed: |
| _ · · | partnership, to be formed | otter innice need by the tapping, formed. |
| | Month Year | |
| Actual or Estimated Date of Incorporation or Organization | | ctual Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two- | | |
| CN for Ca | nada; FN for other foreign jurisdiction) | PA |
| GENERAL INSTRUCTIONS | · | |
| Federal: | | |
| Who Must File: All issuers making an offering of securiti 15 U.S.C. 77d(6). | es in reliance on an exemption under Regulation | on D or Section 4(6), 17 CFR 230.501 et seq. or |
| When to File: A notice must be filed no later than 15 of | | |
| Securities and Exchange Commission (SEC) on the earlie | | |
| after the date on which it is due, on the date it was mailed | - | |
| Where to File: U.S. Securities and Exchange Commission | | |
| Copies Required: Five (5) copies of this notice must be must be photocopies of the manually signed copy or bear | | nually signed. Any copies not manually signed |
| Information Required: A new filing must contain all inf changes thereto, the information requested in Part C, and the Appendix need not be filed with the SEC. | | |
| Filing Fee: There is no federal filing fee. | | |
| State: | | |
| State: | to the town to the company | |

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.

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.

ATTENTION -

| 2. Enter the information rec | jueste | ed for the follo | wing: | | | | | | | |
|---|--------|------------------|----------|--------------------------|-----------|-------------------------|--------|----------------|---------|------------------------------------|
| Each promotor of the | issu | er, if the issue | r has b | een organized within t | the past | five years; | | | | |
| Each beneficial own issuer; | er hav | ing the power | to vot | e or dispose, or direct | the vot | e or disposition of, 10 | % or n | nore of a clas | s of ec | juity securities of the |
| Each executive offic | er and | director of co | orporat | e issuers and of corpo | rate gei | neral and managing pa | utners | of partnershi | p issue | ers; and |
| Each general and ma | nagir | ng partner of p | artners | hip issuers. | | | | | | |
| Check Box(es) that Apply: | X | Promoter | X | Beneficial Owner | X | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, | if ind | ividual) | | | | | | | | |
| Libesman, David | | , | | | | | | | | |
| Business or Residence Addr | ess | (Number a | ınd Str | eet, City, State, Zip C | ode) | | · | | | |
| 555 North Lane, Sui | te 6 | 100, Cons | hoho | cken, PA 1942 | 8 | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | × | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, | if ind | ividual) | | | | | | | | |
| Geraci, John Business or Residence Addr | | /N1l- | 1 6 | 34 | 0.4. | <u> </u> | | | | |
| | | • | | Street, City, State, Zip | • | | | | | |
| 555 North Lane, Su | | | | <u> </u> | | D 0.00 | | 5: | | 0 1 1/ |
| Check Box(es) that Apply: | | Promoter | 0 | Beneficial Owner | | Executive Officer | ⊠ | Director | | General and/or Managing Partner |
| Full Name (Last name first, Forgash, Michael | if ind | ividual) | | | | | • | | | |
| Business or Residence Addr | ess | (Number a | ınd Str | ect, City, State, Zip C | ode) | | | | | |
| 5 Vaughn Drive, Su | ite 1 | 04, Prince | ton, | New Jersey 08: | 540 | | | | | |
| Check Box(es) that Apply: | | Promoter | <u> </u> | Beneficial Owner | | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, | if ind | ividual) | | | | | | | | |
| Kopelman, Michael | | | | | | | | | | |
| Business or Residence Addr | ess | (Number a | ınd Str | eet, City, State, Zip C | ode) | | · | | | |
| 1009 Lenox Drive #4 | 1, L: | awrencevi | lle, N | lew Jersey 0864 | 48 | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | X | Director | , | General and/or Managing Partner |
| Full Name (Last name first, | if ind | ividual) | | | | | | . <u></u> . | | |
| Bookspan, David | | | | | | | | | | |
| Business or Residence Addr | ess | (Number a | ınd Str | eet, City, State, Zip C | ode) | | | | | |
| 438 Riverview Road | , Sv | varthmore | , PA | 19081 | | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, | if ind | ividual) | | | | | | | | |
| Kramer, Jack | | | | | | | | | | |
| Business or Residence Addr 1302 New Virginia I | | | | eet, City, State, Zip C | ode) | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | × | Director | | General and/or Managing Partner |
| Full Name (Last name first, | ifind | ividual) | | | | | | _ <u></u> | | |
| Haislip, Bruce | מווו | ividual) | | | | | | | | |
| Business or Residence Addr | ecc | Number | nd St- | eet, City, State, Zip C | ode) | | | | | |
| 17 Salters Farm Ros | | | | | oucj | | | | | |

A. BASIC IDENTIFICATION DATA

| Check Box(es) that Apply: |] Promoter | ☑ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
|----------------------------------|-------------|---|---------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, if i | ndividual) | | | | |
| Edison Fund V, L.P. | | | | | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | Code) | | |
| 1009 Lenox Drive #4, | Lawrencevil | le, New Jersey 086 | 48 | | |
| Check Box(es) that Apply: □ | Promoter | ☑ Beneficial Owner | ☐ Executive Officer | □ Director | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | · | | |
| Zon Capital Partners, | LP | | | | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | Code) | ··· | |
| 5 Vaughn Drive, Suite | 104, Prince | ton, New Jersey 08 | 540 | | |
| Check Box(es) that Apply: □ | | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director ☐ | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | Code) | | |
| Check Box(es) that Apply: □ | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director □ | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | .,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | Code) | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director □ | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | Code) | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | | General and/or Managing Partner |
| Full Name (Last name first, if i | ndividual) | | | | |
| Dusiness on Decidence Add | Olimbar - | and Stance City State 71-1 | Pada) | · · · · · · · · · · · · · · · · · · · | |
| Business or Residence Address | (Number a | nd Street, City, State, Zip C | .oae) | | |
| | | | | | |

| | | | | | | | | B. 1 | NFORMA | TION AB | OUT OFF | ERING | | | | | |
|-----------------|-----------------------|------------|------------------------------|-------------------------------|-----------------------|------------------------|-----------------------------------|---------------|--|----------------------------|---------------------------|---------------------------|--------------|-------------------------------|-------------------------|--------------|-------------|
| | | | | | | | | | | | | | | | | Yes | No |
| I. H | as th | e issuer : | sold, o | r does | the issi | uer in | tend to | sell, | to non-acc | redited inve | estors in thi | s offering? | | | | | \boxtimes |
| | | | | | | | | - | • | olumn 2, if | • | | | | | | |
| 2. W | hat i | s the mi | nimum | invest | ment t | hat w | ill be ac | cep | ted from an | y individua | d? | | | | | \$ No Yes | |
| 2 13. | ac t | ha affari | | mit iai | nt aum | archi: | n of o ci | - ala | unit? | | | | | | | | No |
| | | | | • | | | • | - | | | | en, directly | | | | ΙĆ | ш |
| sir an br | nilar asso oker | remune | ration person er. If n | for sol or age nore the | icitation ent of a | n of a bro (5) p | purchase ker or d persons t | ers i eale | n connection registere | on with sale d with the | s of securit SEC and/o | ties in the or with a sta | ffering. If: | a person to s, list the na | be listed is ame of the | | |
| Full Na | me (| Last Na | me fir | st. if in | dividu | ıal) | • | | | | | | | | | | |
| connecti | ion v | vith the | offer (| or sale | of the | shar | es of Se | ries | ed and solo C Preferr State, Zip | ed Stock. | mpany. C | ompensatio | on or comi | nissions wi | il not be pa | id in | |
| Name of | Ass | ociated | Broker | or De | aler | | | | | | | | | | | | |
| States in | Wh | ich Perc | on Lie | red Hos | Salia | ted o | r Intend | s to | Solicit Pur | chasers | | | | | | | |
| | | | | | | | | | | | | ••••• | | | | | States |
| { Al | | AK | | AZ] | | | • | | | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | | |
| (IL | - | [IN | - | IA] | - | S | [KY | - | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO | - |
| [M | • | [NE | | NV] | _ | H] | [NJE | | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA⊠ | |
| [RI | - | [SC | - • | SD] | - | - | [TX | | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | PR | |
| Full Nar | - | | | | | | , | | | (, | () | [] | 1 1 | , | 1 1 | | |
| Business | or I | Residenc | e Add | ress (N | lumber | and | Street, C | ity, | State, Zip | Code) | | | _ | | | | |
| Name of | `Ass | ociated | Brokei | or De | aler | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| States in | Wh | ich Perso | on List | ed Has | Solici | ted o | r Intend | s to | Solicit Pur | chasers | | | | | | | |
| (Che | ck ". | All State | es" or c | heck i | ndivid | ıal St | ates) | | | | | | | | | | States |
| [AI | .] | [AK |] [| AZ] | [A | .R] | [CA |] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID |) |
| [IL | - | [IN |] [| lA] | | (S] | [KY |] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | MO |] |
| M | _ | NE | | NV] | _ | Ή] | [NJ | _ | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA | |
| [RI | | SC | | SD] | | N] | [TX |] | [UT] | [VT] | [VA] | [WA] | [WV] | [W1] | [WY] | PR |] |
| Full Nar | ne (I | Last Nan | ne first | , if ind | ividual |) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Business | or I | Residenc | e Add | ress (N | umber | and : | Street, C | ity, | State, Zip | Code) | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of | ·Λcc | ncisted | Broker | or De | aler | | | | | | | | | | | | |
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| States in | Wh | ich Perso | on List | ed Has | Solici | ted o | r Intend: | s to | Solicit Pur | chasers | | | | | | | |
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| [Al | | [AK | | AZ] | | | [CA | | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [[D |] |
| []L | .] | [IN | | IA] | | S] | [KY | | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO | |
| [M | r] | [NE |] [| NV] | [N | н] | [NJ |] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | { PA |] |
| f Ri | 1 | SC | 1 [| SD 1 | гт | NΙ | ſ TX | 1 | l TU 1 | [TV] | [VA] | [WA] | [WV] | [WI] | I WY 1 | PR | 1 |

| 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. | | | | |
|----|---|---------------|-----------------------------|-----------|--------------------------------------|
| | Type of Security | | Aggregate Offering Price | | Amount Already Sold |
| | Debt | \$ | 0 | \$ | 0 |
| | Equity | - | | \$ | 1,202,170 |
| | ☐ Common ☒ Preferred | - | <u> </u> | - | |
| | Convertible Securities (including warrants) | \$ | 0 | \$ | 0 |
| | Partnership Interests | \$ | 0 | \$ | 0 |
| | Other - | - | 0 | \$ | 0 |
| | Total | | 1,202,170 | \$ | 1,202,170 |
| | 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." | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | 5 | \$ | |
| | Non-accredited Investors | - | 0 | \$. \$ | 0 |
| | Total (for filings under Rule 504 only) | - | n/a | • | n/a |
| | Answer also in Appendix, Column 4, if filing under ULOE. | - | 11/4 | Ψ. | liva |
| 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. | | | | D. |
| | Type of offering | | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | n/a | \$ | n/a |
| | Regulation A | _ | n/a | \$ | n/a |
| | Rule 504 | - | n/a | \$ | n/a |
| | Total | _ | n/a | \$ | n/a |
| 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 | | 🗵 | \$ | 100 |
| | Legal Fees | | X | \$ | 25,000 |
| | Accounting Fees | | | \$ | 0 |
| | Engineering Fees | • • • • • • • | | \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | \$ | 0 |
| | Other Expenses (identify) offering expenses | | X | \$ | 750 |
| | Total | ••••• | X | \$ | 25,850 |

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

| <u> </u> | C. OFFERING PRICE, NUMBER OF IN | VESTORS, EXPENSES | AND | USI | E OF PROCE | EEDS | | |
|----------|---|---|--------|-----|--|------------------------|-------------|--|
| | b. Enter the difference between the aggregate offering price Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and total expenses furnished in response to Part C - Question I and I | estion 4.a. This difference | e is t | he | | | \$_ | 1,176,320 |
| 5. | Indicate below the amount of the adjusted gross proceeds to the is for each of the purposes shown. If the amount for any purpose is no check the box to the left of the estimate. The total of the paymer gross proceeds to the issuer set forth in response to Part C - Question | ot known, furnish an estim its listed must equal the a | ate a | nd | | | | |
| | | | | | Payments to Officers, Directors, & Affiliates | | | Payments To Others |
| | Staff Salaries and benefits | | . X | \$_ | 380,000 | | \$_ | 220,320 |
| | Real estate leases and facility maintenance | | . 🗆 | \$_ | 0 | | \$_ | 162,000 |
| | Purchase, rental or leasing and installation of machinery and eq | uipment | . 🗆 | \$_ | 0 | 0 | \$_ | 120,000 |
| | Leasehold Improvements | *************************************** | . 🗆 | \$_ | 00 | | \$_ | 0 |
| | Acquisition of other businesses (including the value of securities that may be used in exchange for the assets or securities of anot merger) | | 0 | \$ | 0 | _ | \$ | 0 |
| | Restricted Cash | *************************************** | . 🗆 | \$ | 0 | | s | 0 |
| | Working capital | | | \$ | 0 | 図 | s - | 264,000 |
| | Other (specify): | | | \$ | 0 | | \$ | 0 |
| | Legal Fees | | . 🗖 | \$_ | 0 | <u> </u> | \$_ | 30,000 |
| | Column Totals | | × | \$_ | 380,000 | <u> </u> | \$_ | 796,320 |
| | Total Payments Listed (column totals added) | | • | | ⊠ \$_ | 1,176, | 320 | |
| _ | D. FEDE | RAL SIGNATURE | | | | | · | |
| sig | e issuer has duly caused this notice to be signed by the undersigned that the undersigned the constitutes an undertaking by the issuer to furnish to the University of the issuer to furnished by the issuer to any non-accredited investor purs | .S. Securities and Exchan | ge C | omn | ission, upon | under Ru written re | le 5 que | i05, the following st of its staff, the |
| lss | suer (Print or Type) Signatur | | | | Da | ite | | |
| S | Satori Group, Inc. | # H | _ | | 5 | Septeml | oer | 10, 2007 |
| | mme of Signer (Print or Type) By: David Libesman Presid | Signer (Print or Type) ent | | | I | | | |

| | , | E. STATE SIGNATURE | |
|--------|--|---|---|
| 1. 1 | Is any party described in 17 CFR 230.262 presently sub | ject to any of the disqualification provisions of | Yes No |
| | See Ap | opendix, Column, for state response. | |
| | The undersigned issuer hereby undertakes to furnish to (17 CFR 239.500) at such times as required by law. | o any state administrator of any state in which | th this notice is filed, a notice on Form E |
| | The undersigned issuer hereby undertakes to furnish tofferees. | to the state administrators, upon written reque | est, information furnished by the issuer to |
| (| The undersigned issuer represents that the issuer is fa Offering Exemption (ULOE) of the state in which this has the burden of establishing that these conditions have | notice is filed and understands that the issuer | |
| | suer has read this notification and knows the contents athorized person. | to be true and has duly caused this notice to b | be signed on its behalf by the undersigned |
| Issuer | (Print or Type) | Signature (D) | Date |
| Sato | ori Group, Inc. | Lailama | September 10, 2007 |
| Name (| (Print or Type) | Title (Print or Type) | |
| By: | David Libesman | President | |

APPENDIX

| 1 | | 2 | 3 | | 5 | | | | | | |
|-------|---------------------|------------------------------------|--|--------------------------------------|--|--|--------|-----|----|--|--|
| | Intend to non-ac | to sell ccredited s in State | 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) | | | | | | |
| State | Yes | No | Shares of Series C Convertible Preferred Stock | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | | | | | | | | | | |
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| MN | | | | | | | | | | | |
| MS | | | | | | | | | | | |
| мо | | | | | | | | | | | |
| | | | l | | L. <u>.</u> | <u>. </u> | | | | | |

| Α | p | p | F | N | n | IX | |
|---|---|---|---|---|---|----|--|
| | | | | | | | |

| 1 | | 2 | 3 | | | 4 5 Disqualification | | | | | | |
|-------|------------------------|--|--|--------------------------------------|---------------------------------------|---|---------------|---------|----|--|--|--|
| | to non-a- investor: | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | | | |
| State | Yes | No | Shares of Series C Convertible Preferred Stock | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | | |
| MT | | | | | | | | | | | | |
| NE | | | | | | | | | | | | |
| NV | | | | | | | | | | | | |
| NH | | | | | | | | | | | | |
| NJ | | X | \$200,000 | 2 | | | | | X | | | |
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