FORM D

# UNITED STATES \$ 1950 SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



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

OMB APPROVAL
OMB Number:
Expires:
Estimated average burden hours per response

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					

Name of Offering (☐ check if this Private Placement of Comm							
Filing Under (Check box(es) that ap	ply): 🔲 Rule 504	Rule 505	Rule 506	Sect	on 4(6)	ULOE	
Type of Filing:	☑ New Filing	☐ Amendment				SED 1 4 2007	$\overline{\mathbb{N}}$
		A. BASIC IDENTI	FICATION DATA			3ET 1 4 2007	<u> </u>
1. Enter the information requested a	bout the issuer					Zuzi CZ	
Name of Issuer ( check if this an Shoshone Silver Mining Co		hanged, and indicate c	hange.)			185	
Address of Executive Offices 403 7 <sup>th</sup> Street, Suite 207		er and Street, City, State ce, ID 83873	te, Zip Code)		lephone Nur 08) 752-10	nber (Including Area Code) 070	
Address of Principal Business Oper (if different from executive Offices	ations (Number and Street, C	City State, Zip Code)		Тс	lephone Nur	nber (Including Area Code)	
Brief Description of Business Acquiring, exploring and d	eveloping mineral pro	perties				PROCESSE	
Type of Business Organization						OC 1 0 1 200/	<del></del>
	rtnership, already formed rtnership, to be formed	other (please sp	ecify):			THOMSON	<i>X</i>
Actual or Estimated date of Incorpo	ration or Organization:			Year 69	⊠ Actua	FINANCIAL    Estimated	
Jurisdiction of Incorporation or Org	`	J.S. Postal Service about FN for other foreign in			L'	D	

### 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. 77d96).

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.

	A. BASIC IDENTIFICATIO	N DATA	
<ul> <li>Each beneficial owner having the power to vote or dis</li> <li>Each executive officer and director of corporate issue</li> </ul>	spose, or direct the vote or disports and of corporate general and r	sition of, 10% or i	
Check Box(es) that Apply: Promoter Beneficia	al Owner 🛛 Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Smith, Lex			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
403 7 <sup>th</sup> Street, Ste. 207, Wallace, ID 83873			
Check Box(es) that Apply: Promoter Beneficia	al Owner 🛛 Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,		
Stephan, Carol			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
403 7 <sup>th</sup> Street, Ste. 207, Wallace, ID 83873			
Check Box(es) that Apply: Promoter Beneficia	al Owner	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Houser, Conrad			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
403 7 <sup>th</sup> Street, Ste. 207, Wallace, ID 83873	• •		
Check Box(es) that Apply:  Promoter Beneficia	al Owner 🛛 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Ferrand, Melanie			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
403 7 <sup>th</sup> Street, Ste. 207, Wallace, ID 83873			
Check Box(es) that Apply:  Promoter Beneficia	al Owner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>	
Jacobs, Sharon			
Business or Residence Address (Number and Street, City,	State, Zip Code)		
403 7 <sup>th</sup> Street, Ste. 207, Wallace, ID 83873			
Check Box(es) that Apply:  Promoter Beneficia	al Owner	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<del></del>
Business or Residence Address (Number and Street, City,	State, Zip Code)		
Full Name (Last name first, if individual)	-		· · · · · ·
Business or Residence Address (Number and Street, City,	State, Zip Code)		
Chack Pov(se) that Apply	John Dr. Om.	□ n:	Consol and to Marris Pro-
	ii Owner L Executive Officer	☐ Director	LI Octional and/or Managing Partner
ruii ivame (Last name tirst, ii individuat)			
Business or Residence Address (Number and Street, City,	State, Zip Code)		

						B. INFO	RMATIO	N ABOU	r offer	ING	<del></del>	<del> </del>	·		<del>-</del> .
							•							Yes	No
1.	Has the issue	er sold, or	does the i	ssuer inter	nd to sell,	to non-acc	redited in	vestors in	this offeri	ng?			***************************************	🔲	$\boxtimes$
					Answe	r also in A	ppendix, (	Column 2,	if filing u	nder ULO	E.				
2.												\$ <u>180,0</u>	00.00		
														Yes	No
3. Does the offering permit joint ownership of a single unit?											🛛				
;	Enter the inf similar remu associated po dealer. If mo for that brok	neration ferson or a ore than five	or solicitates gent of a bove (5) pers	tion of pui roker or d	chasers ir ealer regis	connection	on with sain the SEC	les of secu and/or wit	rities in th h a state o	e offering r states, li	. If a persont the name	on to be lis e of the br	sted is an oker or		
Full l	Name (Last r	name first	, if individ	ual)											
Penn	aluna & Co	mpany													
Busin	ness or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zij	Code)								
421 5	Sherman Av	enue, Co	eur d' Alc	ne, ID 83	814										
Name	e of Associat	ted Broke	r or Dealer	•											
State	s in Which P	erson Lis	ted Has So	licited or	Intends to	Solicit Pu	rchasers								
(Che	ck "All State	s" or chec	k individu	al States).		**************								🗌 All	States
•	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[lN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[X] ~ [	ГХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (Last r	name first	, if individ	ual)									_		
Busir	ness or Resid	lence Add	ress (Num	ber and S	treet, City	, State, Zip	Code)								
Name	e of Associat	ted Broke	r or Dealer	•									<del></del> -		
State	s in Which P	Person I is	ted Has Sc	licited or	Intends to	Solicit Pu	rchasers				<del></del>				
	ck "All State													🗀 All	States
(5	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП	[ID]		
	[!] [IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[נאן]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	[PR]		
Full 1	Name (Last r						<del></del>				<del></del>				·
- ·				1 10	. 0.4	0 7.	<i>a</i> 1)			<del></del>					
Busir	ness or Resid	lence Add	ress (Num	ber and Si	treet, City	, State, Zij	Code)								
Name	e of Associat	ted Broker	or Dealer	•	,										
State	s in Which P	erson Lis	ted Has Sc	licited or	Intends to	Solicit Pu	rchasers								
(Che	ck "All State	s" or chec	k individu	ial States).				*************	•••••					🔲 All	States
•	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	**	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[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, EAFENSES AND USE OF	rkoci	PEDS	
· 1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if an answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggre Offerin	ng Price	Amount Already Sold
	Debt			. <b>\$</b>
	Equity	\$ <u>180,0</u>	00.00	\$180,000.00
	Common 🖾 🔲 Preferred			
	Convertible Securities (including warrants)	<b>\$</b> 0		\$0
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$ <u>180,0</u>	00.00	\$ <u>180,000.00</u>
	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 an 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" answer is "none" or "zero."			Aggregate Dollar Amount Of Purchases
	Accredited Investors	1		\$ 180,000.00
	Non-accredited Investors		)	\$0
	Total (for filings under Rule 504 only)	1	V/A	\$ <u>N/A</u>
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 Securi		Dollar Amount Sold
	Rule 505		•	\$ <u>N/A</u>
	Regulation A			\$ N/A
	Rule 504			\$_N/A
	Total			• • • • • • • • • • • • • • • • • • • •
	1000	··· —		Ψ
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 give subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check t to the left of the estimate.	n as he box		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		_	\$ _5,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)		⊠	\$_20,000.00
	Other Expenses (identify)			\$
	Tel	••••••		<b>5 A</b> 5 ABA AB

	C. OFFERING PRICE, NUMBER						
	<ul> <li>b. Enter the difference between the aggregate offering p furnished in response to part C – Question 4.a. This diff</li> </ul>					ises	\$ <u>155,000.00</u>
	Indicate below the amount of the adjusted gross proceeds to a shown. If the amount for any purpose is not known, furnish a total of the payments listed must equal the adjusted gross pro above.	in estimate and check the box to the	left	of the estima	ite. The		
				Payments Officers Directors	s, , &		Payments To
	Salaries and fees		$\overline{}$	Affiliate			Others
	Purchase of real estate						
	Purchase, rental or leasing and installation of machinery						
	Construction or leasing of plant buildings and facilities			\$			\$
	Acquisition of other businesses (including the value of s that may be used in exchange for the assets or securities merger)	securities involved in this offering of another issuer pursuant to a		\$			
	Repayment of indebtedness			\$ \$			•
	Working capital (and start-up expenses)					⊠ □	\$ 155,000.00
	Other (specify):		_ _	¥ <u></u>			<u> </u>
							\$
	Column Totals						\$ <u>155,000.00</u>
	Total Payments Listed (column totals added)			×	\$ <u>155</u>	<u>,000.</u>	00
	D. FEDERAL S	SIGNATURE		w			<u> </u>
igna	issuer has duly caused this notice to be signed by the undersign sture constitutes an undertaking by the issuer to furnish to the mation furnished by the issuer to any non-accredited investor	U.S. Securities and Exchange Com	miss	ion, upon w			
ssuc	er (Print or Type)	Signature - 1	-	· ·	Date	-	
hos	hone Silver Mining Co.	Cler Smo			Septe	mber	<u> 10</u> , 2007
T	CO: (D1: T)						
•am	e 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. STATE SIGNA	TURE			
1.	Is any party described in 17 CFR 230.252	2(c), (d), (e) or (f) presently subject to	any of the disqualification provisions	Yes	No	
	of such a rule?					
		See Appendix, Column 5,	for state response.			
2.	The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as req	-	any state in which this notice is filed, a	notice on I	Form	
3.	The undersigned issuer hereby undertake to offerees.	s to furnish to the state administrators, u	pon written request, information furnish	ed by the i	ssuer	
4.	The undersigned issuer represents that th Offering Exemption (ULOE) of the state exemption has the burden of establishing	in which this notice is filed and underst	ands that the issuer claiming the availabi			
	issuer has read this notification and knownorized person.	s the contents to be true and has duly ca	used this notice to be signed on its behal	f by the un	dersigned duly	
Issu	er (Print or Type)	Signature	Signature Date			
Na	ne (Print or Type)	Title (Print or Type)				

#### 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

		<u> </u>	,	AF	PENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security offering price offered in state (Part C-Item 1)		Type of amount pur	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No	Common Stock and Warrants \$180,000.00	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC	-								
FL							-		
GA									
ні	-			<del></del>					
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LA							1		
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MI									
MN		-		<u> </u>					
MS		-		<del> </del>				<b></b>	
МО									
МТ									
NE									
NV									

				AP	PENDIX	<del></del>			
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security offering price offered in state (Part C-Item 1)		Type of amount pur	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes No		Common Stock and Warrants \$180,000.00	Common Stock Number of Number of and Warrants Accredited Non-Accredited				Yes	No
NH								i	
NJ									
NM									
NY									
NC									
ND									
ОН								i	
ок								1	
OR									
PA									
RI		· · · · · · · · · · · · · · · · · · ·					<del></del>		
SC				•					
SD									
TN		- · · · · - · · · · · · · · · · · · · ·							
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VA	• • • • • • • • • • • • • • • • • • • •	-					1		
WA	··· ··· ···								
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PR		<u> </u>					<del> </del>		

