### 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 UNIFORM LIMITED OFFERING EXEMPTION

11761	193
OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag	
SEC USI	E ONLY_
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Everest 2007 Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
<ol> <li>Enter the information requested about the issuer</li> <li>Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)</li> <li>Open Energy Corporation</li> </ol>	THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code) 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	Telephone Number (Including Area Code) 858-794-8800
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 Energy technology	
Type of Business Organization  Corporation  Dimited partnership, already formed  Dusiness trust  Dimited partnership, to be formed  other	07077942 (please specing)
Actual or Estimated Date of Incorporation or Organization:    Month   Year     0   4   0   2     Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State CN for Canada; FN for other foreign jurisdiction)	Actual

### 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.

Potential persons who are to 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.

, A. BASIC IDENTIFICATION DATA	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	the issuer;
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Saltman, David	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Dodd, Norman	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	• •
Full Name (Last name first, if individual)	
Hart, John	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Ward, E. Douglas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Sprinkle, Dalton	•••
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General an Managing	
Full Name (Last name first, if individual)	
Field, David	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
Check Box(es) that Apply:	
Full Name (Last name first, if individual)	
Shields, Aidan	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

2. Each Committee conjusted for the following:  - Besh Possenficial owner baving the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuers.  - Besh Possenficial owner baving 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;  - Besh Possenficial owner baving 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;  - Besh Possential work of the issuer of 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;  - Besh Possential of the power is voted to the vote of the power of the vote or disposition of, 10% or more of a class of equity securities of the issuer;  - Besh Possential of the power of the vote of the power of the vote or disposition of, 10% or more of a class of equity securities of the issuer;  - Besh Possential of the power of the vote of the vote of the vote of the power of the vote of the power of the vote of the power of the vote of t			A. BASIC II	DENTIFICATION DATA		
Full Name (Last name first, if individual)  Wolfe, Thomas D.  Business or Residence Address (Number and Street, City, State, Zip Code)  do Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Rogers, Don  Business or Residence Address (Number and Street, City, State, Zip Code)  do Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Quercus Trust  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)  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)	<ul> <li>Each promoter of the</li> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	ne issuer, if the issuer her having the power to cer and director of con-	has been organized within the to vote or dispose, or direct to reporate issuers and of corpor	the vote or disposition of, 109		
Business or Residence Address (Number and Street, City, State, Zip Code) do Open Energy Corporation, 514 Via de la Valle, Suite 200, Soluna Beach, CA 92075  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)  do Open Energy Corporation, \$14 Vis de la Valle, Suite 200, Solana Beach, CA 92075  Check Box(es) that Apply:	Full Name (Last name first, i	f individual)				
Chock Box(es) that Apply:	Wolfe, Thomas D.					
Check Box(es) that Apply:	Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
Managing Partner	c/o Open Energy Corporati	on, 514 Via de la Va	alle, Suite 200, Solana Be	ach, CA 92075		
Rogers, Don  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Quercus Trust  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)  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)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	_
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Open Energy Corporation, 514 Via de la Valle, Suite 200, Solana Beach, CA 92075  Check Box(es) that Apply:	Full Name (Last name first, i	f individual)				
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)  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)	Rogers, Don			·····		, , , , , , , , , , , , , , , , , , ,
Check Box(es) that Apply:	Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
Managing Partner    Managing Partner	c/o Open Energy Corporati	on, 514 Via de la Va	alle, Suite 200, Solana Be	ach, CA 92075		
Business or Residence Address (Number and Street, City, State, Zip Code)  2309 Santiago Drive, Newport Beach, CA 92660  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code) 2309 Santiago Drive, Newport Beach, CA 92660  Check Box(es) that Apply:	Full Name (Last name first, i	f individual)				
2309 Santiago Drive, Newport Beach, CA 92660  Check Box(es) that Apply:	Quercus Trust	············				
Check Box(es) that Apply:			•			
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:		<del></del>	<u>_</u>	Executive Officer	Director	
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 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)	·		eet, City, State, Zip Code)			
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director 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)	Full Name (Last name first, i	f individual)				
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 Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
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	
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)	Full Name (Last name first, i	f individual)				
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)			
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	
	Full Name (Last name first, i	f individual)				
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	Business or Residence Addre	ess (Number and Stre	eer, City, State, Zip Code)			
	<del></del>	(Use blan	nk sheet, or copy and use a	dditional copies of this shee	et, as necessary)	<del></del>

				В,	INFOR	MATION A	ABOUT OF	FERING				
1. Has t	the issuer sold,	or does the is	ssuer intend (				<del>-</del>	ınder ULOE.			Yes	No
2. What	t is the minimu	m investmen	that will be	accepted fro	m any indivi	dual?				••••••	\$ <u>no</u>	<u>minimum</u>
3. Does	the offering pe	ermit foint ov	nership of a	single unit?							Yes ⊠	No □
4. Enter	r the informatio meration for sol	n requested fe	or each perso urchasers in c	n who has be connection w	en or will be ith sales of se	paid or given curities in th	, directly or i e offering. It	indirectly, any f a person to b	y commissio e listed is an	n or similar associated	_	لبا
than	on or agent of a five (5) persons or only.											
Full Name	(Last name fin	st, if individu	ial)									
N/A Business o	or Residence Ac	drace (Numb	per and Street	City State	Zin Code)							
Dusiness 0	n Residence m	Jaicss (Hulli	ci and street	i. City, State	, zip code)							
Name of A	Associated Brok	er or Dealer								.,		
States in V	Vhich Person L	isted Has Sol	icited or Inte	nds to Solici	it Purchasers							
(Check	"All States" or	check indivi	duals States).	••••••		•••••	••••••		•	••••••	☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[][]	[IN]	[AI]	[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]	נטון	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ial)	<u></u>	<u> </u>		··					
Business o	or Residence Ac	ddress (Numl	er and Stree	ı, City, State	, Zip Code)		<del></del>		·			
Name of A	Associated Brok	er or Dealer			<del></del>	·	····	·	<del></del>			
States in W	Vhich Person L	isted Has Sol	icited or Inte	nds to Solici	it Purchasers							
	Vhich Person L. "All States" or					••••••					Al	l States
						[CT]	[DE]	[DC]	[FL]	[GA]	AI	l States
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(Check	"All States" or	check individual	duals States). [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]		[HI]	[ID]
(Check [AL] [IL]	"All States" or [AK] [IN]	check individual [AZ]	duals States). [AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [[MA]	(FL) [MI]	[MN]	[HI] [MS]	[ID] [MO]
(Check [AL] [IL] [MT] [RI]	"All States" or [AK] [IN] [NE]	check individual [AZ] [IA] [NV] [SD]	duals States). [AR] [KS] [NH] [TN]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	(ID) [MO] [PA]
(Check [AL] [IL] [MT] [RI]	"All States" or [AK] [IN] [NE] [SC]	check individual (AZ)  [IA]  [NV]  [SD]  st, if individual	(KS) [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	(ID) [MO] [PA]
(Check [AL] [IL] [MT] [RI] Full Name	"All States" or  [AK]  [IN]  [NE]  [SC]	check individual [AZ] [IA] [NV] [SD]  st, if individual ddress (Number 1988)	(KS) [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	(ID) [MO] [PA]
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(Check [AL] [IL] [MT] [RI] Full Name Business of	"All States" or  [AK]  [IN]  [NE]  [SC]  (Last name fir  or Residence Ac	[AZ] [IA] [NV] [SD]  st, if individual diress (Number or Dealer	(AR) [KS] [NH] [TN] per and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[MN] [OK]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA]
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(Check [AL] [IL] [MT] [RI] Full Name Business of A States in V (Check	"All States" or  [AK]  [IN]  [NE]  [SC]  (Last name fir  or Residence Ac  Associated Brok  Which Person L  "All States" or	[AZ] [IA] [NV] [SD]  st, if individuater or Dealer isted Has Sol	[AR] [KS] [NH] [TN]  per and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
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 \( \square\) 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		\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$1,000,000 <sup>(1)</sup>	\$ 930,000.00
	Partnership Interests	\$ <u>0-</u>	\$
	Other (Specify)	\$0	\$0
	Total	\$	\$
	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 Purchase
	Accredited investors	1(2)	\$ 930,000.00
	Non-accredited Investors	-0-	\$
	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 Offering	Type of	Dollar Amount Sold
	Rule 505	Security n/a	Soid
	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.	ma	•
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$ 65,273.00
	Accounting Fees		\$
	Engineering Fees.		\$ -0-
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$ -0-
	Total	⊠	\$ 65,273.00
		<b>6</b> -3	Ψ <u>υσιείου</u>

<sup>1.</sup> In consideration for the purchase by the Investor of Convertible Note, the Investor shall be issued a Warrant to purchase 1,200,000 shares of Common Stock for a total purchase price of \$950,000.00. The warrant has not been exercised.

<sup>2.</sup> Please note that the sole investor is foreign (Sweden).

	C. OFFER	RING PRICE, NUMBER OF INVESTORS, EXP	ENSES AND USE OF PROCEE	DS
	total expenses furnished in response to	ggregate offering price given in response to Part C - o Part C - Question 4.a. This difference is the "adjus	sted gross	\$934,727
	the purposes shown. If the amount for	sted gross proceeds to the issuer used or proposed to be any purpose is not known, furnish an estimate and ch ayments listed must equal the adjusted gross proceed 4.b above.	eck the box to the	
	·		Payments to Officers, Director Affiliates	
	Salaries and fees		\$_ <u>-0</u>	<u> </u>
	Purchase of real estate			\$ <u> </u> -0
	Purchase, rental or leasing and installa	ation of machinery and equipment	[] \$ <u>-0</u>	<u>-</u>
	Construction or leasing of plant buildi	ings and facilities		<u> </u>
	Acquisition of other businesses (inclu- used in exchange for the assets or sect	iding the value of securities involved in this offering urities of another issuer pursuant to a merger)	that may be	\$0
	· ·			
		totals added)	_	934,727,00
	i viai i ayments tilsted (column t	orals added/		<u> </u>
		D. FEDERAL SIGNATU	RE	
inde		gned by the undersigned duly authorized person. If this securities and Exchange Commission, upon written req 2) of Rule 502.		
	er (Print or Type)	Signature	Date	
	n Energy Corporation ne of Signer (Print or Type)	Title of Signer (Print or Type)	September <u>73</u> 007	
	id Saltman	Chief Executive Officer		

٠		E. STATE SIG	NATURE		
1.	Is any party described in 17 CFR 230.26	2 presently subject to any of the disquali	fication provisions of such rule?	Yes	No ⊠
		See Appendix, Column 5, for	state response.		
2.	The undersigned issuer hereby undertake 239,500) at such times as required by sta		any state in which this notice is filed, a no	tice on Form D (	17 CFR
3.	The undersigned issuer hereby undertake	es to furnish to the state administrators, u	pon written request, information furnished	by the issuer to	offerees.
4.		this notice is filed and understands that	at must be satisfied to be entitled to the Ut the issuer claiming the availability of this		-
	e issuer has read this notification and know horized person.	es the contents to be true and has duly car	used this notice to be signed on its behalf b	y the undersigne	d duly
Issu	uer (Print or Type)	Signature	Date		
Ор	en Energy Corporation.	Math Alle	September/2, 200	)7	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			

Chief Executive Officer

David Saltman

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.