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

OWB AF	PHOVAL				
OMB Number: 3235-0076					
Expires: April 30, 2008					
Estimated average burden					
hours per response	16.00				

SEC USE ONLY					
Prefix			Serial		
	1	1			
	DATE R	ECEIVED			
	1	1			

WASH., D.C. UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
	1
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Promissory Note, and Warrant to Purchase Shares of Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sec	ction 4(6) LULOE
Type of Filing: 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.)	07078670
Provision Interactive Technologies, Inc.	
Address of Excelline Offices	Telephone Number (meruaning) and data,
7255 Eton Avenue, Charsworth, CA 71511	(818) 775-1624
Tradicis of Timerpar Basiness Operations	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Monitoring, support, education, recovery, and relates services in the area of identify theft.	
Type of Business Organization	PROCESSED
	(please specify):
business trust limited partnership, to be formed	SEP 2 7 2007
Month Year	
Actual or Estimated Date of Incorporation or Organization:	Actual Estimated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	¬ ~
Civitor Canada; rivitor other foreign jurisdiction)	_
GENERAL INSTRUCTIONS	
Federal: When the a File. All insures making an offering of acquiring in religion on an exemption under Regulation D. or of the control of t	Section 4(6): 17 CFR 230 501 et sea or 15
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S	Section 4(0), 17 CFR 230.301 Et Seq. 01 13
U.S.C. 77d(6).	o i desa bio mele di di
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice	free 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	i 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 sign	ed. Any copies not manually signed must be

Filing Fee: There is no federal filing fee.

need not be filed with the SEC.

photocopies of the manually signed copy or bear typed or printed signatures.

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.

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

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.

Persons who are to respond to the collection of information contained in this form are

SEC 1972 (6-02)

not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDE	NTIFICATION DATA						
2. Enter the information requested for the	The state of the s							
Each promoter of the issuer, if the	issuer has been organized	within the past five years;						
 Each beneficial owner having the of the issuer; 	• 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							
 Each executive officer and directo 	r of corporate issuers and	of corporate general and ma	naging partners of	partnership issuers; and				
Each general and managing partner	r of partnership issuers.							
Check Box(es) that Apply: Promoter	■ Beneficial Owner	Executive Officer	□ Director	☐ General and/or				
				Managing Partner				
THORNTON, Curt Full Name (Last name first, if individual)								
run Name (Last name first, it individual)								
9253 Eton Avenue, Chatsworth, CA 9131	l							
Business or Residence Address (Number and	d Street, City, State, Zip C	ode)						
Check Box(es) that Apply: Promoter	■ Beneficial Owner		□ Director	☐ General and/or Managing Partner				
OSTRANDER, Robert				Manuging 1 arries				
Full Name (Last name first, if individual)								
9253 Eton Avenue, Chatsworth, CA 9131		ada)						
Business or Residence Address (Number and	u Street, City, State, Zip C	oue)						
Check Box(es) that Apply: Promoter	■ Beneficial Owner		□ Director	☐ General and/or Managing Partner				
VRACHAN, Jeff								
Full Name (Last name first, if individual)								
9253 Eton Avenue, Chatsworth, CA 9131	1							
Business or Residence Address (Number an		'ode)						
•								
		5 5 6 6 6	F3 D:					
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner				
CORFINO, Jon				Walaging Lutilei				
Full Name (Last name first, if individual)								
9253 Eton Avenue, Chatsworth, CA 9131 Business or Residence Address (Number an		'ode)						
Dusiness of Residence Address (Number an	d Street, City, State, Zip C	.ouc)						
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or				
MORK, Jonathan				Managing Partner				
Full Name (Last name first, if individual)			***					
9253 Eton Avenue, Chatsworth, CA 9131	1							
Business or Residence Address (Number an		Code)						
,								
		PM						
Check Box(es) that Apply: Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
CATALPA ENTERPRISES, LTD.								
Full Name (Last name first, if individual)		<u>, , , , , , , , , , , , , , , , , , , </u>						
155 Edgehill Drive Kitchener Ontario Ca		'ode)						
Business or Residence Address (Number an	u succi, city, state, zip C	.ouc)						
(Use bl	ank sheet or copy and use	additional copies of this she	et, as necessary.)					

		 			B. INFO	RMATIC	N ABOU	JT OFF	ERING				
										-		Yes	No ISI
1. Ha	s the issue	sold, or c	loes the iss	uer intend	to sell, to n	on-accredi	ted investo	ors in this	offering?				⊠
•				Ansv	wer also in	Appendix,	Column 2	, if filing (under ULC	DE.			
2. WI	nat is the m	inimum ir	vestment	that will be	accepted fi	om any in	dividual?					\$ <u>N/A</u> Yes	No
3. Do	es the offer	ring permi	t joint ow	nership of a	single unit	?							
4. En	ter the infe	ormation	requested	for each n	erson who	has been	or will b	e paid or	given, di	rectly or	indirectly	, any	
cor	mmission a	r similar ı	emunerati	on for solic	itation of p or agent of	urchasers	in connecti	ion with s	ales of sec	urities in	the offerin	ig. If	
sta	tes, list the	name of	the broker	or dealer.	If more th	ian five (5) persons	to be liste	ed are asso	ciated per	rsons of s	uch a	
bro	ker or deal	er, you m	ay set forti	n the inforn	nation for th	at broker	or dealer o	nly.					
Full Na	me (Last n	ame tirst,	if individu	al)									
None													
Busines	s or Reside	ence Addr	ess (Numb	er and Stre	et, City, Sta	ite, Zip Co	ode)						
				_									
Name o	of Associate	ed Broker	or Dealer										
States i	n which Pe	rson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	sers		· 				
(Check	"All States	s" or checl	k individua	al States								🗀 All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE] [MD]	[DC] [MA]	(FL) [M1]	[GA] [MN]	[HI] [MS]	{ID] [MO]	
(IL) [MT]	(IN] (NE)	[IA] [NV]	(KS) [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Na	me (Last n	ame first,	if individu	ial)									
Busine	ss or Resid	ence Addi	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ode)		<u>.</u>				
Name o	of Associat	ed Broker	or Dealer				<u> </u>					· .	
States	n which Pe	rson Liste	d Has Sol	icited or In	tends to Sol	icit Purcha	isers		-		•	•	
(Check	"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]	(IN)	[IA]	[KS]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	ame (Last r	ame first,	if individu	ıal)		<u></u>	<u></u>						
Busine	ss or Resid	ence Add	ress (Numi	ber and Stre	eet, City, St	ate, Zip Co	ode)						
Business or Residence Address (Number and Street, City, 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													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]	
[IL] [MT]	[IN] [NE]	[1A] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	

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.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>2,000,000.00</u>	\$ <u>2,000,000.00</u>
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		\$ <u>2,000,000.00</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 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 Investors	Dollar Amount of Purchases
	Accredited Investors	18	\$ <u>2,000,000,00</u>
	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 user, 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
	Rule 505	222200	\$
	Regulation A		\$
	Rule 504	· · · · · · · · · · · · · · · · · · ·	\$
			\$
	Total		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 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		\$ <u>N/A</u>
	Printing and Engraving Costs		\$ <u>N/A</u>
	Legal Fees	\boxtimes	\$to be determined
	Accounting Fees		\$ <u>N/A</u>
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$ <u>N/A</u>
	Other Expenses (Identify)	_	\$N/A
	Total	⊠	\$ to be determined
	- V-100	_	

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AN	D L	SE OF PROC	EED	<u> </u>
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C proceeds to the issuer."	ering price given in response to Part C Ques Question 4.a. This difference is the "adjusted	tion 1 gro	l ss		1,920,000.00
5.	Indicate below the amount of the adjusted gross pr for each of the purposes shown. If the amount for and check the box to the left of the estimate. T adjusted gross proceeds to the issuer set forth in res	Payments to Officers Directors, & Affiliates	Payments to Others			
	Salaries and fees			\$		\$
	Purchase of real estate			\$0		\$ <u>-0-</u>
	Purchase, rental or leasing and installation of machine	nery and equipment		\$ <u>-0-</u>		\$0
	Construction or leasing of plant buildings and facilit		\$		\$0	
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)]	\$ <u>-0-</u>		\$ <u>-0-</u>	
	Repayment of indebtedness	C		\$0		\$0
	Working capital			\$ <u>-0-</u>	\boxtimes	\$ <u>1,920,000.00</u>
	Other (specify):]	\$0		\$0
	Column Totals		כ	\$0-	\boxtimes	\$ <u>1,920,000.00</u>
	Total Payments Listed (column totals added)	[)	\$	×	\$ <u>1,920,000.00</u>
, , , , , , ,		D. FEDERAL SIGNATURE				
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furn rmation furnished by the issuer to any non-accredited	ish to the U.S. Securities and Exchange Comm	issic	in, upon written l		
	er (Print or Type)	Signature		Date /	7/-)
	vision Interactive Technologies, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)		1 7(1	4/	<u> </u>
Cu	t Thornton	President				

ATTENTION

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

