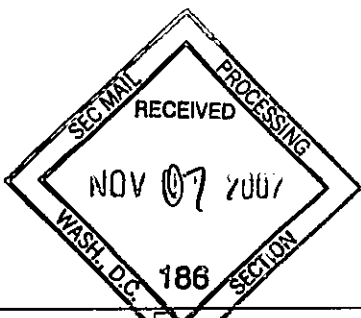


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

1014653 OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response.....16.00

Table with SEC USE ONLY, Prefix, Serial, DATE RECEIVED



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

Name of Offering [] check if this is an amendment and name has changed, and indicate change. Units of common stock: Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [] New Filing [X] Amendment No. 3



07083075

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. PROFILE TECHNOLOGIES, INC. Address of Executive Offices (Number and Street, City, State, Zip Code) 2 Park Avenue, Suite 201, Manhasset, New York 11030 Telephone Number (Including Area Code) (516) 365-1909 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above Telephone Number (Including Area Code) same as above Brief Description of Business Researching and developing a patented, high-speed, non-destructing, non-invasive scanning process to remotely test buried and insulated pipeline for corrosion Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: [] Actual [X] Estimated 8 8 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D E * *Originally incorporated in State of Washington. Incorporated in State of Delaware since 02/95.

PROCESSED 3 NOV 13 2007

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.

A: BASIC IDENTIFICATION DATA

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)

Gemino, Henry

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Evans, Murphy

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Jones, Philip

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Christenson, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Geib, Robert C.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Palmer, Richard L.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Profile Technologies, Inc., 2 Park Avenue, Suite 201, Manhasset, New York 11030

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?

Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual

\$ 10,000.00¹

3. Does the offering permit joint ownership of a single unit?

Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated with persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Crawford, Guy

Business or Residence Address (Number and Street, City, State, Zip Code)

80 Broad Street, New York, NY 10004

Name of Associated Broker or Dealer

R.F. Lafferty & Company, Inc.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual 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

Full Name (Last name first, if individual)

□□□□

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)..... 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

Full Name (Last name first, if individual)

□□□□

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)..... 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

¹ The Company, in its discretion, may accept less than \$10,000 from an investor.

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 and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ _____	\$ _____
Equity.....	\$ 1,800,000	\$ 1,068,000
	<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants).....	\$ □□□□□	\$ □□□□□
Limited Liability Company Membership Interests	\$ _____	\$ _____
Other (Specify _____)	\$ □□□□□	\$ □□□□□
Total.....	\$ 1,800,000	\$ 1,068,000

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.....	18	\$ 1,068,000
Non-accredited Investors.....	-0-	\$ -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 Security	Dollar Amount Sold
Rule 505.....	□□□□□	\$ □□□□□
Regulation A.....	□□□□□	\$ □□□□□
Rule 504.....	□□□□□	\$ □□□□□
Total.....	□□□□□	\$ _____

Not Applicable

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.....	<input type="checkbox"/>	\$ □□□□□
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ 200
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 5,000
Accounting Fees.....	<input checked="" type="checkbox"/>	\$ 1,000
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (Specify finder's fees separately).....	<input checked="" type="checkbox"/>	\$ 117,000
Other Expenses (specify).....	<input type="checkbox"/>	\$ _____
□□□□□		
Total.....	<input checked="" type="checkbox"/>	\$ 123,200

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

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."..... \$1,046,800

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees..... <input type="checkbox"/>	\$ _____	\$ _____
Purchase of real estate..... <input type="checkbox"/>	\$ □□□□□	\$ □□□□□
Purchase, rental or leasing and installation of machinery and equipment..... <input type="checkbox"/>	\$ □□□□□	\$ □□□□□
Construction or leasing of plant buildings and facilities..... <input type="checkbox"/>	\$ □□□□□	\$ □□□□□
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)..... <input type="checkbox"/>	\$ □□□□□	\$ □□□□□
Repayment of indebtedness..... <input type="checkbox"/>	\$ □□□□□	\$ □□□□□
Working capital..... <input checked="" type="checkbox"/>	\$ _____	\$ 1,046,800
Other (Specify)..... <input type="checkbox"/>	\$ □□□□□	\$ _____
Column Totals..... <input type="checkbox"/>	\$ _____	\$ 1,046,800
Total Payments Listed (column totals added)..... <input type="checkbox"/>	\$ _____	\$ 1,046,800

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type) PROFILE TECHNOLOGIES, INC.	Signature <input type="checkbox"/>	Date November 5, 2007
Name of Signer (Print or Type) Henry Gemino	Title of Signer (Print or Type) Chief Executive Officer and Chief Financial Officer	

ATTENTION

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

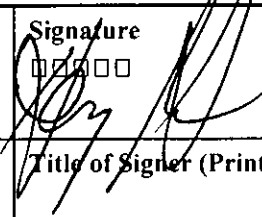
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?..... Yes No

See Appendix, Column 5, for state response.

2. 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.
3. 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) PROFILE TECHNOLOGIES, INC.	Signature <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	Date November 5, 2007
Name of Signer (Print or Type) Henry Gemino	Title of Signer (Print or Type) Chief Executive Officer and Chief Financial 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.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B - Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualified under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No	Units of common stock.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
AK	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
AZ	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
AR	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
CA	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000			<input type="checkbox"/>	<input type="checkbox"/>
CO	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	111,111	1	\$100,000	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DE	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
DC	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100,000	1	\$90,000	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GA	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
HI	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
ID	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
IL	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
IN	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
IA	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
KS	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000 0	<input type="checkbox"/>	<input type="checkbox"/>
KY	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
LA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18,000	1	\$16,200	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ME	<input type="checkbox"/>	<input type="checkbox"/>	00000	00000	00000	00000	0000	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B - Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualified under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Units of common stock.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes
MD	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□			<input type="checkbox"/>	<input type="checkbox"/>
MA	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
MI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16,667	1	\$15,000	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MN	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
MS	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B - Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1) Units of common stock.	4 Type of investor and amount purchased in State (Part C - Item 2)				5 Disqualified under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MO	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
MT	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
NE	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
NV	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
NH	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	45,000	1	\$40,500	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NM	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
NY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	750,889.34	11	\$675,800	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	145,000	2	\$130,500	-0-	-0-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ND	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
OH	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
OK	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
OR	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
PA	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
RI	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
SC	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
SD	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>
TN	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
TX	<input type="checkbox"/>	<input type="checkbox"/>	000000	000000	000000	000000	000000 0	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B – Item 1)			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)				Disqualified under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)
State	Yes	No	Units of common stock.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
UT	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
VT	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
VA	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
WA	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
WV	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
WI	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B - Item 1)			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)				Disqualified under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)
State	Yes	No	Units of common stock.	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>
PR	<input type="checkbox"/>	<input type="checkbox"/>	□□□□□	□□□□□	□□□□□	□□□□□	□□□□□ □	<input type="checkbox"/>	<input type="checkbox"/>

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, PROFILE TECHNOLOGIES, INC., a corporation organized under the laws of Delaware for purposes of complying with the laws of the states indicated hereunder relating to (i) either the registration or sale of securities or (ii) the furnishing of investment advisory services, hereby irrevocably appoints the officers of the states so designated hereunder and their successors in such offices, its attorney in those states so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the states so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the states so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that state and have been served lawfully with process in that state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Profile Technologies, Inc.
2 Park Avenue, Suite 201
Manhasset, NY 11030
Attn: Henry Gemino

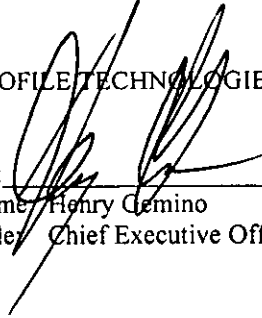
Place an "X" before the names of all states for which the person executing this form is appointing the designated Officer of that state as its attorney in that state for receipt of service of process:

<input type="checkbox"/> ALABAMA	Secretary of State.	<input type="checkbox"/> ILLINOIS	Secretary of State.
<input type="checkbox"/> ALASKA	Commissioner, Department of Community And Economic Development.	<input type="checkbox"/> INDIANA	Secretary of State.
<input type="checkbox"/> ARIZONA	The Corporation Commission.	<input type="checkbox"/> IOWA	Commissioner of Insurance.
<input type="checkbox"/> ARKANSAS	Commissioner of Securities Department.	<input type="checkbox"/> KANSAS	Secretary of State.
<input type="checkbox"/> CALIFORNIA	Commissioner of Corporations.	<input type="checkbox"/> KENTUCKY	Commissioner, Department of Financial Institutions.
<input type="checkbox"/> COLORADO	Securities Commissioner.	<input checked="" type="checkbox"/> LOUISIANA	Commissioner of Securities.
<input checked="" type="checkbox"/> CONNECTICUT	Banking Commissioner.	<input type="checkbox"/> MAINE	Securities Administrator.
<input type="checkbox"/> DELAWARE	Securities Commissioner.	<input type="checkbox"/> MARYLAND	Securities Commissioner of the Division of Securities.
<input type="checkbox"/> DISTRICT OF COLUMBIA	Each member of Public Service Commission or Commissioner's successor in office.	<input type="checkbox"/> MASSACHUSETTS	State Secretary.
<input checked="" type="checkbox"/> FLORIDA	Department of Banking and Finance.	<input checked="" type="checkbox"/> MICHIGAN	Commissioner, Office of Financial and Insurance Services.
<input type="checkbox"/> GEORGIA	Commissioner of Securities.	<input type="checkbox"/> MINNESOTA	Commissioner of Commerce.
<input type="checkbox"/> GUAM	Administrator, Department of Revenue and Taxation.	<input type="checkbox"/> MISSISSIPPI	Secretary of State.
<input type="checkbox"/> HAWAII	Commissioner of Securities & Consumer Affairs.	<input type="checkbox"/> MISSOURI	Commissioner of Securities.
<input type="checkbox"/> IDAHO	Director of Department of Finance and his successors in office.	<input type="checkbox"/> MONTANA	Securities Commissioner and his successors in office.
		<input type="checkbox"/> NEBRASKA	Director of Department of Banking and Finance.
		<input type="checkbox"/> NEVADA	Administrator of the Securities Division of the Office of the Secretary of State.

_____ NEW HAMPSHIRE	Secretary of State.	_____ SOUTH CAROLINA	Attorney General (ex officio Securities Commissioner).
<u> X </u> NEW JERSEY	Chief, Bureau of Securities in the Division of Consumer Affairs of the Department of Law and Public Safety.	_____ SOUTH DAKOTA	Director of the Division of Securities.
_____ NEW MEXICO	Director, Securities Division Of the Regulation and Licensing Department.	_____ TENNESSEE	Commissioner of Commerce and Insurance.
<u> X </u> NEW YORK	Secretary of State.	_____ TEXAS	Securities Commissioner.
<u> X </u> NORTH CAROLINA	Secretary of State.	_____ UTAH	Director, Division of Securities.
_____ NORTH DAKOTA	Securities Commissioner.	_____ VERMONT	Commissioner of Banking, Insurance, Securities, and Health Care Administration.
_____ OHIO	Secretary of State.	_____ VIRGINIA	Clerk, State Corporation Commission.
_____ OREGON	Director, Department of Consumer and Business Services.	_____ WASHINGTON	Director of the Department of Financial Institutions.
_____ OKLAHOMA	Department of Securities.	_____ WEST VIRGINIA	Commissioner. (Auditor of the State).
_____ PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.	_____ WISCONSIN	Division of Securities, Department of Financial Institutions.
_____ PUERTO RICO	Commissioner of Financial Institutions.	_____ WYOMING	Secretary of State.
_____ RHODE ISLAND	Director of Department of Business Regulation.		

Dated this 5th day of November, 2007.

PROFILE TECHNOLOGIES, INC.

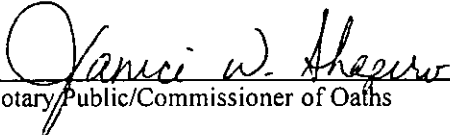
By: 
 Name: Henry Gemino
 Title: Chief Executive Officer and Chief Financial Officer

END

COMMONWEALTH OF PENNSYLVANIA
 COUNTY OF ALLEGHENY

On this 5th day of November, 2007, before me, Janice W. Shapiro, the undersigned officer, personally appeared Henry Gemino, known personally to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument, and acknowledged the execution thereof for the used and purposed therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.


 Notary Public/Commissioner of Oaths

(SEAL)

My Commission Expires _____

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Janice W. Shapiro, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Oct. 21, 2009
 Member, Pennsylvania Association of Notaries