## FORM D

### **UNITED STATES**

SECURITIES AND EXCHANGE COMMISSION

RECEIVED Washington, D.C. 20549 DEC 2 1 2007

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

FORM D

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

DATE RECEIVED

Serial

SEC USE ONLY

Prefix

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Tenant in Common Interest in raw land-Highway 60, Maricopa County, Arizona



| iling Under (Check box(es) that pply):                               | [ ] <u>Rule 504</u> [ ] <u>Rule 505</u> [ <b>X</b> ] <u>Rule 506</u> [ ] Section 4(  | 6) [ ] ULOE                           |
|--|--|---------------------------------------|
|  | Type of Filing: [X ] New Filing [ ] Amendment  |                                       |
| · · · · · · · · · · · · · · · · · · ·                                | A. BASIC IDENTIFICATION DATA   | PROCESSED                             |
| . Enter the information requeste                                     | d about the issuer   | JAN 0 8 2008                          |
| lame of Issuer ([ ] check if this<br>BSI Highway 60 LLC              | is an amendment and name has changed, and indicate change.)  | THOMSON<br>FINANCIAL                  |
| ddress of Executive Offices 550 S. Tech Lane                         | ,  | mber (Including Area Code)<br>10      |
| ddress of Principal Business Op<br>f different from Executive Office |  | lumber (Including Area Code)          |
| rief Description of Business<br>enant in Common Real Estate          |  | · · · · · · · · · · · · · · · · · · · |
| ype of Business Organization   |  |                                       |
| ] corporation  | [ ] limited partnership, already formed [ X ] other (plea  | ase specify):                         |
| ] business trust   | [ ] limited partnership, to be formed Limited Liability  | Company                               |
|  | Month Year   | · · · · · · · · · · · · · · · · · · · |
| ctual or Estimated Date of Incor                                     | poration or Organization: [ 12 ] [ 07 ] [ X ] Actual   | [ ] Estimated                         |
| urisdiction of Incorporation or O                                    | rganization: (Enter two-letter U.S. Postal Service abbreviation for Stat<br>CN for Canada; FN for other foreign jurisdiction) [1][D] | e:                                    |

#### **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 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 in 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 state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who 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

# 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:                      | [ X ] Promoter [ X ] Beneficial<br>Owner            | [ ] Executive<br>Officer   | [ ] Director [ X ] Managing<br>Member                     |   |
|--|---|----------------------------|---|---|
| Full Name (Last name fi                        | irst, if individual)                                |                            |   | - |
| Business or Residence<br>1550 S. Tech Lane, Me | Address (Number and Street, City, eridian, ID 83642 | State, Zip Code)           |   | - |
| Check Box(es) that<br>Apply:                   | [ ] Promoter [ X ] Beneficial<br>Owner              | [ X ] Executive<br>Officer | [ X ] Director [ ] General and/or<br>Managing<br>Partner  |   |
| Full Name (Last name f<br>Swenson, Douglas L.  | irst, if individual)                                |                            |   | - |
| Business or Residence<br>1550 S. Tech Lane, Me | Address (Number and Street, City, eridian, ID 83642 | State, Zip Code)           |   | - |
| Check Box(es) that App                         | ly: [ ] Promoter [] Beneficial Own                  | er [X] Executive Office    | cer [ X ] Director [ ] General and/or<br>Managing Partner |   |
| Full Name (Last name f<br>Hassard, Charles E.  | irst, if individual)                                |                            |   |   |
| Business or Residence<br>1550 S. Tech Lane, Me | Address (Number and Street, City, eridian, ID 83642 | State, Zip Code)           |   |   |
| Check Box(es) that App                         | nly: [ ] Promoter [] Beneficial Own                 | er [X] Executive Offi      | cer [ X ] Director [ ] General and/or<br>Managing Partner |   |
| Full Name (Last name f                         | irst, if individual)                                |                            |   |   |
| Business or Residence<br>1550 S. Tech Lane, Me | Address (Number and Street, City, eridian, ID 83642 | State, Zip Code)           |   |   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. Has t  | he issue                                     | er sold, o                        | r does the  | e issuer ir                           | ntend to s                             | ell, to non                                | -accredite                             | ed investo   | rs in this                           | offering?.                            |                            | Yes        | No<br>[x]   |
|---|--|-----------------------------------|---|---------------------------------------|--|--|--|--|--------------------------------------|---------------------------------------|----------------------------|------------|-------------|
|   |  |                                   | investmei   | nt that wil                           | l be acce                              | pted from                                  |  | ling underidual? (A  |                                      | ninimum                               |                            |            |             |
| 3. Does   | the offe                                     | ering perr                        | nit joint o   | wnership                              | of a single                            | e unit?                                    | •••••                                  |  |                                      |                                       |                            | Yes<br>[x] |             |
| indirectl<br>securitie<br>registere<br>(5) pers | y, any c<br>es in the<br>ed with<br>ons to b | ommission<br>offering.<br>the SEC | on or simi<br>If a perse<br>and/or wi<br>are associ | lar remur<br>on to be I<br>th a state | eration fo<br>isted is ar<br>or states | or solicitat<br>n associat<br>, list the n | ion of pur<br>ted persor<br>name of th | I be paid on the paid of the p | n connect<br>of a brok<br>or dealer. | ion with s<br>er or dea<br>If more th | ales of<br>ler<br>nan five | . ~ )      |             |
|   |  | t name fii<br>Group, I            | rst, if indiv                                       | /idual)                               |  |  |  |  |                                      |                                       |                            |            |             |
|   |  |                                   | Address (<br>, Calabas                              |                                       |  | t, City, Sta                               | ate, Zip C                             | ode)   |                                      |                                       |                            |            |             |
| Name o  | f Assoc                                      | iated Bro                         | ker or De   | aler                                  |  |  |  |  |                                      |                                       |                            |            |             |
|   |  |                                   |   |                                       | d or Inten<br>es)                      |  | cit Purcha                             | asers  |                                      | [                                     | ] All State                | es         | <del></del> |
| [AL]  | -  | [AZ] x                            | [AR] x  | [CA] x                                | [CO] x                                 | [CT] x                                     | [DE]                                   | [DC]   | [FL] x                               | [GA] x                                | [HI] x                     | [ID        |             |
| [IL] x  | [iN]<br>(NE)                                 | [AI] x                            | [KS]  | [KY]                                  | (LA)                                   | [ME]                                       | [MD] x                                 | [MA] x   | [MI]                                 | (WN) x                                | [MS]                       | [M(        | ·=          |
| [MT] x<br>[RI]                                  | [SC]   | [NV] x<br>[SD]                    | [NH] x<br>[TN] x                                    | (UJ) x<br>[TX] x                      | (NM) x<br>[UT] x                       | [NY] x<br>[VT]                             | [NC] x<br>[VA] x                       | [ND] x<br>[WA] x   | [WV]                                 | [OK]<br>[WI] x                        | [OR] x<br>[WY]             | [P#        |             |
| Full Nar<br>Askar C                             |  |                                   | rst, if indiv                                       | /idual)                               |  | <u></u>                                    |  |  |                                      |                                       |                            |            |             |
| Busines<br>8011 34                              | s or Re                                      | sidence /<br>South, S             | Address (<br>te 350, B                              | Number a                              | and Street                             | t, City, Sta<br>5 <b>5425</b>              | ate, Zip C                             | ode)   |                                      |                                       |                            |            |             |
| Name o  | f Assoc                                      | iated Bro                         | ker or De   | aler                                  |  |  |  |  |                                      |                                       |                            |            |             |
|   |  |                                   |   |                                       | d or Inten                             |  | cit Purcha                             | asers  |                                      | [                                     | ] All State                | es         |             |
| [AL] x  | [AK] x                                       |                                   | [AR] x  | [CA] x                                | [CO] x                                 | [CT]x                                      | [DE] x                                 | [DC]   | [FL] x                               | [GA] x                                | [HI] x                     | [ID]       |             |
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| Full Nar  | ne (Las                                      | t name fi                         | rst, if indiv                                       |                                       |  | ·<br>                                      | •                                      |  | -                                    |                                       |                            |            |             |
|   |  |                                   |   |                                       | and Street<br><b>52302-06</b>          |  | ate, Zip C                             | ode)   |                                      | ······                                |                            |            |             |
| Name o  | f Assoc                                      | iated Bro                         | ker or De   | aler                                  |  |  |  |  |                                      |                                       |                            |            |             |
|   |  |                                   |   |                                       | d or Inten                             |  | icit Purcha                            | asers  | <del></del>                          |                                       | ] All State                | s          |             |
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| [MT] x  | [NE] x                                       |                                   |   |                                       | [NM] x                                 | [NY] x                                     | [NC] x                                 | [ND] x   | [OH] x                               | [OK] x                                | [OR] x                     | (PA        | -           |
| (RI) x  | [SC] x                                       | [SD] x                            | [TN] x  | [TX] x                                | [UT] x                                 | [VT] x                                     | [VA] x                                 | [WA] x   | [WV] x                               | [WI] x                                | [WY] x                     | [PF        | (J          |

**B. INFORMATION ABOUT OFFERING** 

Full Name (Last name first, if individual) Crown Capital Securities, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868 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 [FL] x  $[AK] \times [AZ] \times [AR] \times [CA] \times [CO] \times$ [CT] x [DE] x [DC] x [GA] x [HI] x [ID] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x [MI] x [MN] x [MS] x [MQ] x [IL] x [IN] x [IA] x [MT] x [NE] x [NV] x [NH] x [NJ] x [NM] x [NY] x [NC] x [ND] x [OH] x [OK] x [OR] x [PA]x[RI] x [SC] x [SD] x [TN] x [TX] x [UT] x [VT] x [VA] x [WA] x [WV] x [WI] x [WY] x [PR] Full Name (Last name first, if individual) Cullum & Burks Securities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Galleria Tower, Dallas, TX 75240 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [ ] All States (Check "All States" or check individual States) ...... [AL] x [AK] [AZ] x  $[AR] \times [CA] \times [CO] \times [CT] \times$ [DE] [DC] [FL] x [GA] x [HI] [ID] x [KY] x [LA] x [ME] x [MD] x [MA] x [MI] x (MN) x IMS1 x [MO] x [IL] x [IN] x  $(IA) \times$ [KS] x [NY] x  $[MT] \times [NE] \times [NV] \times$ [NH] [NJ] x [NM] x [NC] x [ND] x [OH] x [OK] x [OR] x [PA] x [PR] [WV] [WI] x [WY] [RI] [SC] x [SD]  $[TN] \times [TX] \times$ [UT] x [VT][VA] x [WA] x Full Name (Last name first, if individual) **Direct Capital Securities** Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2<sup>nd</sup> Street, Suite 600, Santa Monica, CA 90401 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) ...... [ x ] All States [DC] [FL] [GA] [HI] [ID] [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [IN] [KY] [LA] [MD] [MA] [MI] [MN] [MS] [MO] [IL] [IA] (KS) [ME] [NM] [OK] [PA] [MT] [NE] [NV] [NH] [NJ] [NY] [NC] [ND] [OH] [OR] [WY] [PR] [SD] [UT] [WA] [WV] [WI] [RI] [SC] [TN] [TX][VT] [VA] Full Name (Last name first, if individual) Finance 500 Business or Residence Address (Number and Street, City, State, Zip Code) 19762 Macarthur Blvd #200, Irvine, CA 92612 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] x [AK] [AZ] x [AR] x [CA] x [CO] x [CT] x [DE] x [DC] x (FL) x [GA] x [HI] x [ID] x [MO] x [LA] x [MI] x [MS] x [IL] x [{N] x [IA] x [KS] x [KY] x [ME] x [MD] x [MA] x [MN] x [PA] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] (OH) x [OK] x [OR] x [MT] x [WV] x [WY] x [PR] [RI] x  $[SC] \times [SD] \times [TN] \times [TX] \times$ [UT] x [VT] [VA] x [WA] x [WI] x

First Montauk Securities Corp. Business or Residence Address (Number and Street, City, State, Zip Code) 328 Newman Springs Rd., Red Bank, NJ 07701 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) ..... [ x ] All States [CO] (FL) [GA] [HI] [AL] [AK] [AZ][AR] [CA] [CT] (DE) [DC] [IDI] [IL] [IN] [IA] [KS] (KY) [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [OK] [OR] [PA] [MT] [NE] [NV] (NH) [NJ] [NM] [NY] [NC] [ND] [OH] [RI] [SC] [SD] [TN] [UT] [VA] [WA] [WV] [WI] [WY] [PR] ΠX [VT] Full Name (Last name first, if individual) Independent Financial Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 7425 Mission Valley Road, Suite 203, San Diego, CA 92108 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] x [AK] x [AZ] x [AR] x [CA] x [CO] x [CT] x [DE] [DC] [FL] x [GA] x [HI] x [ID] x [IL] x [IN] x [IA] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x [MI] x [MN] x [MS] x [MO] x [MT] x [NE] x [NV] x [ND] x [PA] x [NH] [NJ] x [NM] x  $[NY] \times$ [NC] x [OH] x [OK] [OR] x [UT] x [PR]  $[SC] \times [SD] \times [TN] \times [TX] \times$ [VT] [VA] x [WA] x [WV] x [WI] x [WY] x Full Name (Last name first, if individual) KMS Financial Services, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Sixth Ave., Suite 2801, Seattle, WA 98121 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 [ [DC] x (FL) x [AK] [AZ] x $[AR] \times [CA] \times [CO] \times$ [CT] x [DE] x [GA] x [HI] x [IL] x [IN] x [IA] x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x [MI] x [MN] x [MS] x [MO] x  $[NE] \times [NV] \times [NH]$ [NJ]x $[NM] \times$ [NY] x [NC] x [ND] [OH] x [OK] x [OR] x [PA] x [PR] [RI]x[SC] x [SD] x [TN] x [TX] x [UT] x [VT] [VA] x [WA] x [WV] x [WI] x [WY] x Full Name (Last name first, if individual) MCL Financial Group, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 1869 W. Littleton Blvd., Littleton, CO 80120 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] x [AK] [AZ] x [AR] x [CA] x [CO] x [FL] x [CT] x (DE) x [DC] x [GA] x [H]]x[ID] x [IN] x [KS] x [IL] x [IA] x [KY] x [LA] x [ME] x [MD] x (MA) x (MI) x (MN) x [MS] x [MO] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x [OK] x [OR] x [PA] x [WV] x [WI] x [RI]x $[SC] \times [SD] \times [TN] \times [TX] \times [UT] \times$ [VT] [VA] x [WA] x [WY] x [PR]

Full Name (Last name first, if individual)

Omni Brokerage Business or Residence Address (Number and Street, City, State, Zip Code) 10542 S. Jordan gateway, Ste. 330, Salt Lake City, UT 84065 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] x [AK] [AZ] x [AR] x [CA] x [CO] x [CT] x [DE] x [DC] x [FL] x [GA] x [HI] x [ID] x [IN] x [ME] x [MS] x [IL] x [IA] x [KS] x [KY] x [LA] x [MD] x [MA] x  $[MI] \times$  $[MN] \times$ [MO] x [PA] x (MT) x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x [OK] x [OR] x [WV] x [PR] [RI] x [SC] x [SD] x [TN] x TX) x [UT] x IVII [VA] x [WA] x [WI] x [WY] x Full Name (Last name first, if individual) **Private Consulting Group** Business or Residence Address (Number and Street, City, State, Zip Code 4650 S.W. Macadam Ste. 100, Portland, OR 97239 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] x [AK] [AZ] x [AR] x [CA] x [CO] x [DE] x [FL] x [HI] x [CT] x [DC] x [GA] x [ID] x (IL) x [IN] x [KS] x [KY] x [ME] x [MD] x [[A]] x [LA] x [MA] x [MI] x [MN] x [MS] x [MO] x [NE] x [NV] x [MT] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x [OK] x [OR] x  $[SC] \times [SD] \times [TN] \times [TX] \times [UT] \times$ [VT] [VA] x [WA] x [WV] x [WI] x [WY] x [PR] Full Name (Last name first, if individual) **QA3 Financial Group** Business or Residence Address (Number and Street, City, State, Zip Code) 1 Valmont Plaza, 4th Floor, Omaha, NE 68154 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 [ [AZ]x[GA] x [AL] x [AK]  $[AR] \times [CA] \times [CO] \times [CT] \times$ [DE] x [DC] x [FL] x [HI]x[ID] x [IL] x [IN] x (IA) x [KS] x [KY] x [LA] x [ME] x [MD] x [MA] x  $[MI] \times$ [MN] x [MS] x [MO] x [MT] x  $[NE] \times [NV] \times [NH]$ [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x (OK) x [OR] x [PA] x [RI] x [SC] x [SD] x [TN] x [TX] x [UT] x ĮVΠ [VA] x [WA] x [WV] x [WI] x [WY] x [PR] Full Name (Last name first, if individual) **Regent Capital** Business or Residence Address (Number and Street, City, State, Zip Code) 28025 Dorothy Drive, Suite 102, Agoura Hills, CA 91301 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 [AR] [AL] [AK] (AZI ICA1 x [CO] x [CT] (DE) [DC] [FL] [GA] [HI] [ID]x[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [TM] **INE** [NV] x [NH] [NJ] IMMI [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] (SC) [SD] [TN] [TX] [UT] x [VT] [VA] [WA] x [VV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

|   |  |  | Arbor, MI<br>ker or De   | **  |   |  |                                    |                                      |                      | <del></del>                  |                                       |  |
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| [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]<br>  | [VT]   | [VA]                               | [WA]                                 | [WV]                 | [WI]                         | [WY]                                  | [PR]                                   |
|   |  | t name fi<br>urities L   | rst, if indi<br>L <b>C</b>   | vidual)   |   |  |                                    |                                      |                      |                              |                                       |  |
|   |  |  |  | Number a  | and Street  | , City, Sta                                    | ate, Zip C                         | Code)                                |                      |                              | · · · · · · · · · · · · · · · · · · · |  |
|   |  |  | ker or De  |   | <i></i>   | <u> </u>                                       | ····                               |                                      | <del></del>          |                              |                                       | <del></del>                            |
|   |  |  |  |   | d or Inten  |  | icit Purch                         | asers                                |                      |                              | 1 All Ot-1                            | ······································ |
| (Cneci<br>[AL]  |  |  | eck inaiv<br>[AR] x  | dual Stat<br>[CA] x   | es)<br>[CO] x                                     | <br>[CT]                                       | [DE]                               | [DC]                                 | [FL]                 | l<br>[GA]                    | ] All State<br>[HI]                   | es<br>[ID] x                           |
| رہد،<br>[IL] x  | [IN]   | [IA]   | [KS]   | [KY] x  | [LA]  | [O1]   | [MD]                               | [MA]                                 | [MI]                 | [MN] x                       | [MS]                                  | [MO] x                                 |
| [MT] x  | • •  | [NV] x   | (NH)   | [NJ] x  | [NM]  | [NY] x   |                                    | [ND]                                 | (OH)                 | [OK]                         | [OR] x                                | [PA] x                                 |
| RI]   | [SC]   | [SD]   | [TN]   | [TX]  | [UT] x  | [VT]   | [VA]                               | [WA] x                               | [WV]                 | [WI]                         | [WY] x                                | [PR]                                   |
|   |  |  |  |   |   |  |                                    |                                      |                      |                              |                                       |  |
|   | ame (Las<br>I Financi  |  | rst, if indi   | vidual)   |   |  |                                    |                                      |                      | ····                         |                                       |  |
| Si <b>gm</b> a<br>Busina  | Financi<br>ess or Re   | ial Corp<br>esidence   | Address (  | Number a  | and Street  | t, City, Sta                                   | ate, Zip C                         | Code)                                |                      |                              |                                       |  |
| Sigma<br>Busina<br>4261 F   | Financi<br>ess or Re<br>Park Roa   | sidence  |  | Number a<br>48103   | and Street  | t, City, St                                    | ate, Zip C                         | Code)                                |                      |                              |                                       |  |
| Sigma<br>Busina<br>1261 I<br>Name   | Financi<br>ess or Re<br>Park Roa<br>of Assoc   | esidence and, Ann A  | Address (<br>Arbor, MI   | Number a<br>48103<br>ealer  | and Street  |  |                                    | ,                                    |                      |                              |                                       |  |
| Sigma<br>Busine<br>4261 I<br>Name<br>States<br>(Check                           | ess or Re<br>Park Roa<br>of Assoc<br>in Which<br>k "All Sta  | esidence A<br>ad, Ann A<br>siated Bro<br>n Person<br>tes" or ch  | Address (Arbor, MI  ker or De  Listed Ha   | Number a<br>48103<br>ealer<br>as Solicite   | d or Inten  | ds to Soli                                     | icit Purch                         | asers                                |                      |                              | ] All State                           |  |
| Sigma Busine 4261 I Name States (Checl  | ess or Re<br>Park Roa<br>of Assoc<br>in Which<br>k "All Sta<br>[AK]  | esidence and, Ann Aciated Brown Person tes" or ch  | Address (Arbor, MI<br>oker or De<br>Listed Haneck indiv  | Number a<br>48103<br>ealer<br>as Solicite<br>ridual Stat  | d or Inten<br>es)                                 | ds to Soli                                     | cit Purch                          | asers                                | [FL]                 | [GA]                         | [HI]                                  | [ID]                                   |
| Sigma<br>Busine<br>1261 I<br>Name<br>States<br>(Check<br>AL)                    | ess or Re<br>Park Roa<br>of Assoc<br>in Which<br>k "All Sta<br>[AK]  | esidence and, Ann Anderstated Brown Person tes" or che [AZ]  | Address (Arbor, MI<br>oker or De<br>Listed Haneck indiv<br>[AR]<br>[KS]  | Number at 48103 ealer as Solicite ridual Stat [CA] [KY]   | d or Intenes)<br>[CO]<br>[LA]                     | ds to Soli                                     | icit Purch<br>[DE]<br>[MD]         | asers [DC] [MA]                      | [MI]                 | [GA]<br>[MN]                 | [HI]<br>[MS]                          | [ID]<br>[MO]                           |
| Busine<br>4261 I<br>Name<br>States<br>(Chec<br>[AL]<br>[IL]                     | ess or Re<br>Park Roa<br>of Assoc<br>in Which<br>k "All Sta<br>[AK]  | esidence and, Ann Aciated Brown Person tes" or ch  | Address (Arbor, MI<br>oker or De<br>Listed Haneck indiv  | Number a<br>48103<br>ealer<br>as Solicite<br>ridual Stat  | d or Inten<br>es)                                 | ds to Soli                                     | cit Purch                          | asers                                |                      | [GA]                         | [HI]                                  | [ID]                                   |
| Sigma Busine 4261 I Name States (Check [AL] [IL] [MT] [RI] Full Name            | ess or Recent Rose of Associated Which K "All Star [NK] [IN] [NE] [SC]   | esidence Ad, Ann Adiated Brown Person (AZ) [IA] [NV] [SD]  | Address (Arbor, MI  ker or De  Listed Ha neck indiv  [AR]  [KS]  [NH]  [TN]  | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX]  | d or Inten<br>es)<br>[CO]<br>[LA]<br>[NM]         | ds to Soli<br><br>[CT]<br>[ME]<br>[NY]         | icit Purch<br>[DE]<br>[MD]<br>[NC] | asers [DC] [MA] [ND]                 | [MI]<br>(OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                  | [ID]<br>[MO]<br>[PA]                   |
| Sigma Busine 4261 I Name States (Check [AL] [IL] [MT] [RI] Full Name            | ess or Recent Road of Associan Which K "All Sta [NK] [NK] [NK] [SC] ame (Lasta L. Falk   | esidence ad, Ann Aciated Brown Person (AZ) [IA] [NV] [SD] st name fi   | Address (Arbor, MI  bker or De  Listed Haneck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indiciates, In  | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX] vidual) c.                               | d or Inten<br>es)<br>[CO]<br>[LA]<br>[NM]<br>[UT] | ds to Soli<br><br>[CT]<br>[ME]<br>[NY]<br>[VT] | (DE)<br>(MD)<br>(NC)<br>(VA)       | asers [DC] [MA] [ND] [WA]            | [MI]<br>(OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                  | [ID]<br>[MO]<br>[PA]                   |
| Sigma Busine 4261 I Name States (Check [AL] [IL] [MT] [RI] Full Name Steve      | ess or Recent Road of Associan Which k "All Sta [NK] [NK] [SC] ame (Lasen L. Falkess or Recent Road of Recent R | esidence ad, Ann Aciated Brown Person (AZ) [IA] [NV] [SD]  | Address (Arbor, MI  bker or De  Listed Haneck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indiciates, In  | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX] vidual) c.                               | d or Inten<br>es)<br>[CO]<br>[LA]<br>[NM]         | ds to Soli<br><br>[CT]<br>[ME]<br>[NY]<br>[VT] | (DE)<br>(MD)<br>(NC)<br>(VA)       | asers [DC] [MA] [ND] [WA]            | [MI]<br>(OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                  | [ID]<br>[MO]<br>[PA]                   |
| Sigma Busine 4261 I Name States (Check [AL] [IL] [MT] [RI] Steve Busine 22 Sal  | ess or Receision Associated Assoc | esidence ad, Ann Aciated Brown Person (AZ) (IA) (NV) (SD) est name fit & Association esidence | Address (Arbor, MI  bker or De  Listed Hanck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indivitiates, In   | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX] vidual) c. Number a                      | d or Inten<br>es)<br>[CO]<br>[LA]<br>[NM]<br>[UT] | ds to Soli<br><br>[CT]<br>[ME]<br>[NY]<br>[VT] | (DE)<br>(MD)<br>(NC)<br>(VA)       | asers [DC] [MA] [ND] [WA]            | [MI]<br>(OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                  | [ID]<br>[MO]<br>[PA]                   |
| Sigma Busine 4261 I Name States (Chec [AL] [IL] [MT] [RI] Steve Busine 22 Sal   | ess or Receisbury, I   | esidence de Ann Actiated Broin Person (BZ) (IA) (SD) (ST) (ST) (ST) (ST) (ST) (ST) (ST) (ST  | Address (Arbor, MI  Aker or De  Listed Hanck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indivitiates, In  Address (e, MA 02  Address Hancker or De  Listed Hancker | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX] vidual) c. Number a 445 ealer            | d or Inten<br>es)<br>[CO]<br>[LA]<br>[NM]<br>[UT] | ds to Soli [CT] [ME] [NY] [VT]                 | (DE)<br>(MD)<br>(NC)<br>(VA)       | asers [DC] [MA] [ND] [WA]            | [MI]<br>(OH]         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]                  | [ID]<br>[MO]<br>[PA]<br>[PR]           |
| Busine 4261 II Name States (Checi [AL] [IL] [MT] [RI] Busine 22 Sal Name States | ess or Receisbury, I   | esidence de Ann Actiated Broin Person (BZ) (IA) (SD) (ST) (ST) (ST) (ST) (ST) (ST) (ST) (ST  | Address (Arbor, MI  Aker or De  Listed Hanck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indivitiates, In  Address (e, MA 02  Address Hancker or De  Listed Hancker | Number a 48103 ealer as Solicite ridual Stat [CA] [KY] [NJ] [TX] vidual) c. Number a 445 ealer            | d or Intenes) [CO] [LA] [NM] [UT]                 | ds to Soli [CT] [ME] [NY] [VT]                 | (DE) [MD] [NC] [VA]  ate, Zip C    | asers  [DC]  [MA]  [ND]  [WA]  Code) | [MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI] [MS] [OR] [WY]                   | [ID]<br>[MO]<br>[PA]<br>[PR]           |
| Sigma Busine 4261 I Name States (Check [AL] [IL] [MT] [RI]                      | ess or Receisbury, I of Associate (Lases or Related) (IN) (SC) ame (Lases or Related) (in Which cases or Related)  | esidence ad, Ann A siated Brown tes" or che [AZ] [IA] [NV] [SD] st name fit & Associated Brookling and Person tes" or ches" or ches sidence and person tes "or ches sidence and per | Address (Arbor, MI  oker or De  Listed Hanck indiv  [AR]  [KS]  [NH]  [TN]  rst, if indivitiates, In  Address (e., MA 024  oker or De  Listed Hanck indiv  | Number a 48103 ealer as Solicite idual Stat [CA] [KY] [NJ] [TX] vidual) c. Number a 445 ealer as Solicite | d or Intenes) [CO] [LA] [NM] [UT]                 | ds to Soli  [CT]  [ME]  [NY]  [VT]             | [DE] [MD] [NC] [VA] ate, Zip C     | asers  [DC]  [MA]  [ND]  [WA]  Code) | [MI]<br>(OH)<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI] [MS] [OR] [WY]                   | [ID]<br>[MO]<br>[PA]<br>[PR]           |

Full Name (Last name first, if individual)

| Linoipo  | _  |   |                                    |   |                         |                         |            |        |              |        |           |           |
|--|--|---|------------------------------------|---|-------------------------|-------------------------|------------|--------|--------------|--------|-----------|-----------|
| Business or Residence Address (Number and Street, City, State, Zip Code)  1821 56 <sup>th</sup> Ave. Ste. B, Greeley, CO 80634 |  |   |                                    |   |                         |                         |            |        |              |        |           |           |
| Name   | of Associa   | ated Brok   | er or De                           | aler  |                         |                         |            |        |              |        |           |           |
|  | in Which   |   |                                    |   |                         |                         | cit Purcha | asers  |              | [      | All State | s         |
| [AL] x   | [AK]   | [AZ] x  | [AR] x                             | [CA] x                                      | [CO] x                  | [CT] x                  | (DE) x     | (DC) x | (FL) x       | [GA] x | (HI) x    | [ID] x    |
| [IL] x   | [IN] x   | [IA] x  | [KS] x                             | [KY] x                                      | [LA] x                  | [ME] x                  | [MD] x     | [MA] x | [MI] x       | [MN] x | [MS] x    | [MO] x    |
| [MT] x   | (NE) x   | [NV] x  | [NH]                               | [NJ] x                                      | [NM] x                  | [NY] x                  | [NC] x     | [ND]   | [OH] x       | [OK] x | (OR) x    | [PA] x    |
| [RI] x   | [SC] x   | [SD] x  | [TN] x                             | [TX] x                                      | [UT] x                  | [VT]                    | [VA] x     | [WA] x | [WV] x       | [WI] x | [WY] x    | [PR]      |
|  | me (Last<br>inancial (   |   |                                    | ridual)                                     |                         |                         |            |        |              |        |           |           |
|  |  |   |                                    |   |                         |                         |            |        |              |        |           |           |
| Busine<br>8620 V   | ss or Res<br>V. 110 <sup>th</sup> S                                      | idence A<br>treet, Su                                     | ddress (I<br>iit <b>e 200</b> ,    | Number a                                    | ind Street<br>I Park, K | t, City, Sta<br>S 66210 | ate, Zip C | ode)   |              |        |           |           |
| 8620 V   | ss or Res<br>V. 110 <sup>th</sup> S                                      | treet, Su   | ite 200,                           | Overland                                    | ind Stree<br>I Park, K  | t, City, Sta<br>S 66210 | ate, Zip C | ode)   |              |        |           |           |
| 8620 V   | V. 110 <sup>th</sup> S   | treet, Su<br>ated Brok                                    | i <b>ite 200,</b><br>ker or De     | Overland<br>aler                            | l Park, K               | S 66210                 | ate, Zip C |        |              |        |           |           |
| Name States  | V. 110 <sup>th</sup> S   | ated Brok   | ite 200,<br>ker or De<br>listed Ha | Overland<br>aler<br>s Solicite              | l Park, K               | S 66210<br>ds to Soli   |            |        |              | [ x ]  | All State | s         |
| Name States  | V. 110 <sup>th</sup> S<br>of Associa<br>in Which                         | ated Brok   | ite 200,<br>ker or De<br>listed Ha | Overland<br>aler<br>s Solicite              | l Park, K               | S 66210<br>ds to Soli   |            |        | (FL)         | [ x ]  | All State | s<br>[ID] |
| Name States (Check   | V. 110 <sup>th</sup> S<br>of Associa<br>in Which<br>t "All State         | etreet, Su<br>ated Brok<br>Person L<br>es" or che         | er or De<br>isted Ha               | Overland<br>aler<br>s Solicite<br>dual Stat | d or Inten              | S 66210<br>ds to Soli   | cit Purcha | asers  | [FL]<br>[MI] | -      |           |           |
| Name States (Check   | V. 110 <sup>th</sup> S<br>of Associa<br>in Which<br>a "All State<br>[AK] | etreet, Su<br>ated Brok<br>Person L<br>es" or che<br>[AZ] | er or De<br>isted Ha<br>eck indivi | Overland aler s Solicite dual Stat          | d or Intenes)           | ds to Soli              | cit Purcha | asers  |              | [GA]   | [HI]      | [ID]      |

## 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 columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security  | Aggregate<br>Offering Price | Amount Aiready<br>Sold |
|---|-----------------------------|------------------------|
| Debt  | \$                          | \$                     |
| Equity  | \$                          | \$                     |
| [ ] Common [ ] Preferred                                |                             |                        |
| Convertible Securities (including warrants)             | \$                          | . \$                   |
| Partnership Interests                                   | \$                          | \$                     |
| Other (Specify Tenant in Common Interest ).             | \$ <u>3,649,264.00</u>      | \$                     |
| Total   | \$ <u>3,649,264.00</u> _    | \$ <u>0</u>            |
| Answer also in Annendiy, Column 3, if filing under ULOF |                             |                        |

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 <u>Rule 504</u>, 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

Aggregate

|  | Investors  | Dollar Amount  |
|--|--|--|
| A 19 1 A   | •  | of Purchases   |
| Accredited Investors   | 0  | \$ <u>0</u>  |
| Non-accredited Investors   |  | -\$<br>\$0   |
| Total (for filings under Rule 504 only)  |  | Ф <u>О</u>   |
| Answer also in Appendix, Column 4, if filing under ULOE.   |  |  |
| 3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, 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 Security                                       | Dollar Amount  |
| Type of offering   | 7,6  | Sold   |
| Rule 505   | <del></del>  | _\$  |
| Regulation A   |  | _\$  |
| Rule 504   | <del></del>  | .\$  |
| Total  |  | \$ <u>0</u>  |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution<br>of the securities in this offering. Exclude amounts relating solely to organization<br>expenses of the issuer. The information may be given as subject to future contingencies.<br>If the amount of an expenditure is not known, furnish an estimate and check the box to<br>the left of the estimate.   |  |  |
| Transfer Agent's Fees  |  | []\$   |
| Printing and Engraving Costs   |  | [X] \$3,000.00                                       |
| Legal Fees   |  | [X] \$40,000.00                                      |
| Accounting Fees  |  | []\$   |
| Engineering Fees   |  | []\$   |
| Sales Commissions (specify finders' fees separately)   |  | [X] \$291,941.00_                                    |
| Other Expenses (identify) Marketing, Wholesaling, and Organizational Expenses  Total   | 1  | [X] \$ <u>185,603.00</u><br>[X] \$ <u>520,544.00</u> |
| <ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted issuer."</li> <li>5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose 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 payment.</li> </ul> | gross proceeds to<br>ed                                | otal<br>o the \$ <u>3,128,720.00</u>                 |
| listed must equal the adjusted gross proceeds to the issuer set forth in response to Part Couestion 4.b above.   | , -  |  |
|  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                                |
| Sataries and fees  | [] \$<br>[ <b>X</b> ] \$ <u>118,068</u>                |  |
|  |  |  |
| Purchase, rental or leasing and installation of machinery and equipment  | []\$   | []\$   |
| Construction or leasing of plant buildings and facilities  | []\$   | []\$   |
| 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)  | ŗι¢  | r 1 ¢  |
| Working capital  | []\$<br>[]\$   |  |
| Other (specify):_Accountable Reserves  | []\$<br>[]\$   |  |
| Acquisition Related Expenses   | []\$   |  |
| Due Diligence Analysis   |  |  |
| Column Totals  | [ <b>X</b> ] \$ <u>118,068</u>                         | 3.00 [X]\$ <u>3,010,652.00</u>                       |

| X | \$3. | 128, | 720 | .00 |
|---|------|------|-----|-----|
|   |      |      |     |     |

| Total Payments Listed   | (column totals added)   | ١ |
|-------------------------|-------------------------|---|
| TOTAL FAYITIETTS LISTED | (coluititi totais audeu |   |

## **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 <u>Rule 505</u>, 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 <u>Rule 502</u>.

| Issuer (Print or Type)            | Signature                                  |
|-----------------------------------|--|
| DBSI Highway 60 LLC, an Idaho LLC | Mala Chaz 12/19/07                         |
| Name of Signer (Print or Type)    | Title of Signer (Print or Type)            |
| By DBSI Housing, Inc., its member | Adam Cleary, its Authorized Representative |

## ATTENTION

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

| F. | <br>ΛІ | _ | <br>r : R |  | 10 | _ |
|----|--------|---|-----------|--|----|---|
|    |        |   |           |  |    |   |

- 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)            | Signature                  | Date             |
|-----------------------------------|----------------------------|------------------|
| DBSI Highway 60 LLC, an Idaho LLC | Ada Clean                  | 12/19/07         |
| Name of Signer (Print or Type)    | Title (Print or Type)      |                  |
| By DBSI Housing, Inc., its member | Adam Cleary, its Authorize | d Representative |

**END** 

## 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.