FORM D

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

PROCESSED
JAN 2 8 2008
THOMSON
FINANCIAL

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

OMB APPROVAL  OMB Number:	140	444	199	
Expires: April 30, Estimated average burden hours per response SEC USE ONLY		OMB AP	PROVAL	
	Expires: Estimated a	verage	April burden	30, 2008
Prefix S		SEC US	E ONLY	1
1 1	Prefix			Serial
		l	1	
DATE RECEIVED		DATE R	ECEIVED	

Name of Offering	(☐ check if this is an a	mendment and name	has changed, and it	ndicate change.)	•	
Sale of Series B Co	nvertible Preferred Sto	k	· 		ର୍ଧ୍ୟର	
Filing Under (Check	box(es) that apply):	□ Rule 504	Rule 505	🛛 Rule 506	Section 4(6) 21 Fig. UEO	
Type of Filing:	New Filing     ■	☐ Amendment			Şection	
		A. BASI	CIDENTIFICAT	ION DATA	JAN 2 3 2	008
Enter the inform	nation requested about th	e issuer				
Name of Issuer	( check if this is an a	mendment and name	has changed, and i	ndicate change.)	Washington,	DC
Riya, Inc.						
Address of Executive	e Offices		(Number and Stree	et, City, State, Zip Co	de) Telephone Number (Incl	uding Area Code)
3 Waters Park Drive	e, Ste. 120, San Mateo, (	CA 94403			(650) 638	-9705
Address of Principal	Offices	-	(Number and Stree	et, City, State, Zip Co	de) Telephone Number (Incli	uding Area Code)
(if different from Exe	cutive Offices)					
Brief Description of E		oto search				
		<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>		1/13 MT 00/11 (0 MT 00/11	filli irris anni pers am irra
Type of Business Or	ganization					####
		☐ limited p	partnership, already	formed	other (pl	( <b>1                                   </b>
	☐ business trust	☐ limited p	partnership, to be fo	rmed	080	21656
			Month	Year	· ·	
Actual or Estimated I	Date of Incorporation or C	organization:	0 8	0	4 🖾 Actual	☐ Estimated
Jurisdiction of Incorp	oration or Organization:	(Enter two-letter U.S. F	Postal Service Abbre	eviation for State;		
		C	N for Canada; FN fo	r other foreign jurisdi	ction) C A	

## 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: <u>Five (5) copies</u> 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 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 unless such exemption is predicated on the filing of a federal notice.

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

		A. BASIC ID	ENTIFICATION DATA	A							
Each promoter of the Each beneficial own     Each executive office	<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>										
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Shah, Munjal M.									
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 3 Waters Park Driv	ve, Ste. 120, San	Mateo, CA 94403						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Rip, Peter									
Business or Residence Adda Menlo Park, CA 94025	ress (Number and	Street, City, State, Zip Cod	e): c/o Leapfrog Vento	ures II, L.P., 3000	Sand Hill Road, Bldg. 1, Suite 280,						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Malloy, John									
Business or Residence Addi	ress (Number and	Street, City, State, Zip Cod	e): 3 Waters Park Driv	ve, Ste. 120, San	Mateo, CA 94403						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):										
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	if individual):	Nokia Venture Partne	ers II, L.P. (and affiliated fu	ınds)							
Business or Residence Addi 94025	ress (Number and	Street, City, State, Zip Cod	e): c/o BlueRun Ventu	ıres, 545 Middlef	ield Road, Suite 210, Menlo Park, CA						
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	if individual):	Bay Partners X, L.P.	(and affiliated funds)								
Business or Residence A	ddress (Number	and Street, City, State,	Zip Code): 2882 Sar	nd Hill Road, #240	0, Menio Park, CA 94025						
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	if individual):	Gokturk, Salin Bural	(								
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 950 High School V	Vay, #3131, Moun	itain View, CA 94041						
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	if individual):	Khan, Azhar									
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 174 Hartford St., S	an Francisco, CA	3 94114						

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

		A. BASIC II	DENTIFICATION DATA	A	
<ul> <li>Each beneficial owr</li> <li>Each executive office</li> </ul>	ne issuer, if the iss ner having the pov cer and director of	suer has been organized wit wer to vote or dispose, or di			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Dempsey, Neal			
Business or Residence Addi	ress (Number and	Street, City, State, Zip Coo	de): 10600 N. De Anza	Blvd., Suite 100,	Cupertino, CA 95014
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Leapfrog Ventures II	l, L.P. (and affiliated funds	)	
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3000 Sand Hill Ro	ad, Bldg. 1, Suite	280, Menio Park, CA 94025
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	******			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence A	ddress (Number	r and Street, City, State,	Zip Code):	<del></del>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	<del></del>			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co.	de):		

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

					В.	INFORM	ATION	ABOUT	OFFER	ING			
												<u>Yes</u>	<u>No</u>
1.	Has the issue	er sold, or o	does the is	suer inten				estors in th lumn 2, if f					⊠
2.	What is the minimum investment that will be accepted from any individual?												
	Yes										<u>No</u>		
3.	Does the offe	ring permi	t joint own	ership of a	single uni	t?	***************************************	••••			******	$\boxtimes$	
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 persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (Last n	ame first, if	individual	) <b>N/A</b>		• •							,
Busi	ness or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Nam	e of Associate	ed Broker (	or Dealer										
State	s in Which P											•	☐ All States
	L] [AK]	☐ [AZ]	[AR]	☐ [CA]	□ [CO]	□ (СП	□ [DE]			☐ [GA]	☐ [HI]		
[]	_]	□ [IA]	□ [KS]	☐ [KY]	[LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]		☐ [MO]	
<b>□</b> (M	1T) 🔲 [NE]	[NV]	□ [NH]	□ [NJ]	□ (NM)	□ [NY]		□ [ND]				□ [PA]	
□ {F	(I) [SC]	☐ (SD)	[עען]	[XT] □	[דט]		□ [VA]	□ [WA]				☐ [PR]	
Full	Name (Last n	ame first, if	f individual	)									
Busi	ness or Resid	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)						
Nam	e of Associat	ed Broker	or Dealer	-		•							
State	s in Which P (Check "All S												☐ All States
	L] [AK]	[AZ]	[AR]	☐ [CA]	□ [CO]	□ [СП				☐ [GA]	[HI]		
(I	_] [IN]	□ [IA]	☐ [KS]	□ [KY]	[LA]	☐ [ME]		☐ [MA]	[MI]	☐ [MN]	☐ (MS)	[MO]	
☐ [!	4Τ] □ [NE]	□ [NV]	[NH]	[NJ]	[MM]	□ [иу]	☐ [NC]	□ [ND]	□ (OH)		□ (OR)	☐ [PA]	
(F	(SC)		[NT]	[גדן 🗆	[[		[AV]	[WA]				☐ [PR]	· · · · · · · · · · · · · · · · · · ·
Full	Name (Last n	ame first, it	f individual	)									
Busi	ness or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associat	ed Broker	or Dealer	,									
State	s in Which P (Check "All S												☐ All States
	L] [AK]	☐ [AZ]	☐ [AR]	☐ [CA]	□ [CO]	□ [СТ]			[FL]	☐ [GA]	[HI]	[ID]	
	_] [IN]	□ [IA]		□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[]	IT] 🗌 [NE]	□ [NV]	[NH]	□ [NJ]	☐ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]			[PA]	
(F	RIJ 🔲 [SC]	□ [SD]	□ [TN]	□ (TX)	[UT]		[VA]	[WA]		[Wi]		[PR]	•

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

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 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. Amount Already Aggregate Type of Security Offering Price Sold Debt......\$ Equity Sale of Series B Convertible Preferred Stock and underlying Common Stock 3,297,990.23 □ Preferred ☐ Common Convertible Securities (including warrants) \$ Other (Specify) Total 3,297,990.23 \$ 3,230,051.29 Answer also in Appendix, Column 3, if filing under ULOE. 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 **Dollar Amount** Number Investors Of Purchases Accredited Investors 3,230,051,29 0 Non-accredited Investors Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 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. **Dollar Amount** Types of Type of Offering Security Sold Rule 505 N/A N/A N/A N/A Regulation A N/A N/A **Rule 504** N/A Total...... N/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 ..... Printing and Engraving Costs....

Total.....

30,000.00

30,000.000

冈

Other Expenses (identify)

4	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C–Question 4.a. This difference	rence is the	1	\$	3,267.990.23
	"adjusted gross proceeds to the issuer."			<u> </u>	9,000,000,000
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furnisestimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b.	sh an nust equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		\$	□	\$
	Purchase of real estate		\$	🗆	\$
	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 issupursuant to a merger)	ier	\$		\$
	Repayment of indebtedness	· 🛮	\$		\$
	Working capital		\$		\$
	Other (specify):		\$		\$
		_	<u> </u>		\$
	Column Totals.		\$		\$
	Total Payments Listed (column totals added)				67,990.23
	D. FEDERAL SIGNATI	JRE			<del></del>
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized per institutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conthe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	son. If this nmission, u	notice is filed under R pon written request of	ule 505, the	e following signature e information furnished
	suer (Print or Type)  va. Inc.			Date	or 19, 2007
_	ame of Signer (Print or Type)  Title of Signer (Print or Type)			200011100	11 0001
187	arren T. Lazarow Secretary				

# **ATTENTION**

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

•		E. STATE SIGNATURE			
1. ls:	any party described in 17 CFR 230.262 prese	Yes	No		
		See Appendix, Column 5, for state response.			
	e undersigned issuer hereby undertakes to fu 9.500) at such times as required by state law	urnish to any state administrator of any state in whic	ch this notice is filed, a no	otice on Form D (	17 CFR
3. Th	e undersigned issuer hereby undertakes to fu	urnish to the state administrators, upon written requ	est, information furnishe	d by the issuer to	offerees.
Ex	e undersigned issuer represents that the issue emption (ULOE) of the state in which this not tablishing that these conditions have been sa	er is familiar with the conditions that must be satisfice is filed and understands that the issuer claiming tisfied.	ied to be entitled to the L the availability of this ex	Iniform Limited C cemption has the	offering burden of
	uer has read this notification and knows the creed person.	ontents to be true and has duly caused this notice to	o be signed on its behalf	by the undersign	ned duly
Issuer (f	Print or Type)	Signature	1	Date	
Riya, In	ıc.	V _ / \		December 19, 2	2007
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)			·
Warren	T. Lazarow	Secretary			

## 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.

•				AP	PENDIX					
1	:	2 .	3		4					
	to non-a- investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E – Item 1)					
State	Yes	No	Series B Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK						,				
AZ										
AR						·				
CA		Х	\$3,050,051.99	6	\$3,050,051.99	0	0		х	
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				AP	PENDIX				
1	-	2	3	5					
	Intend to non-ac investors (Part B -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)	, <del>.</del> .	Type of investor and Amount purchased in State (Part C – Item 2)				
State	Yes	No	Series B Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE								<b>.</b>	<u> </u>
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
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sc									
SD	<u> </u>	-							
TN									
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UT				-				ļ	-
VT								<del>                                     </del>	<u> </u>
VA									-
WA		<u> </u>							
wv							<del></del>		
WI								-	-
wy									
PR								<del> </del>	

