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

FORM D

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

1 1 2 1 1			
OMB APPROVAL			
OMB Number:	3235-0076		
ynires:			

1426112

Estimated average burden hours per response 16.00

SEC USE ONLY

Prefix Serial

DATE RECEIVED

Name of Offering (a check if this an amendment and n	ame has changed, and indicate change.)	SEU -	
Series A Preferred Stock		Mail Processing	
Filing Under (Check box(es) that apply): Rule 50	04	□ ULOE Section	
Type of Filing: New Filing		FFB 41 2008	
	A. BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer		- 17	
Name of Issuer (check if this is an amendment and	name has changed, and indicate change.)	Washington, DC 104	
Pay My Deductible, Inc. Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
101 Avaline Court, Folsom, CA 95630	(Number and Street, City, State, Zip Code)	(916) 947-5000	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
(if different from Executive Offices)	(rumber and succes, eny, state, zip code)		
·			
Brief Description of Business	•		
Repair Services Company			
Type of Business Organization			
⊠ corporation	☐ limited partnership, already formed	othe	
☐ business trust	☐ limited partnership, to be formed	VVVLLULB	
	Month Year		
Actual or Estimated Date of Incorporation or Organization	tion: 09 06	■ Actual	
Jurisdiction of Incorporation or Organization: (Enter to	wo-letter U.S. Postal Service abbreviation for State:		
• • • • • • • • • • • • • • • • • • • •	Canada; FN for other foreign jurisdiction)		
5.1.151	C	ROCESSED	
GENERAL INSTRUCTIONS		NUCESSEL	
GENERAL INSTRUCTIONS	NY N	FFD A a social	
Federal:	191	FEB 2 6 2008	
	rities in reliance on an exemption under Regulation D or	Section 4(6), 17 CFR 230.201 et seq. or 15 U.S.C.	
77d(6).		THOMSON	
When To File: A notice must be filed no later than 15 a	days after the first sale of securities in the offering. A not	TINANUIAL tice is deemed filed with the ILS. Securities and	
	it is received by the SEC at the address given below or, i		
due, on the date it was mailed by United States register			
Where To File: U.S. Securities and Exchange Commis	sion, 459 Fifth Street, N.W., Washington, D.C. 20549.		
č	, , ,		
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 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 sate 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 file din the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.			

SEC 1972 (6-02)

filing of a federal notice.

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 in predicated on the

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,	f individual)				
Eagle, Bryce	,				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		,
101 Avaline Court, Folsom	•	, ,, , ,	,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
	□ Fromoter	Delicited Owliet	□ Executive Officer		Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·		 -	wanaging raither
Eagle, Annette	i ilidividuai)				
Business or Residence Addre	ess (Number and	Street, City, State, Zin	Code)		
101 Avaline Court, Folsom		- oo., o, oo,,			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
() 11)	□ Fiolilotei	in Beneficial Owner	Li Executive Officer		Managing Partner
Full Name (Last name first, i	f individual)				Managing Farmer
Heard, Stephen	i ilidividual)				
Business or Residence Addre	ess (Number and	Street City State Zin	Code)		
101 Avaline Court, Folsom	-	- 511 -61 1, 611, 51111 0 , Esp	- Coul.)		
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
	□ Promoter		L Executive Officer	□ Director	
Full Name (Last name first, i	f individual)			•	Managing Partner
Vawter, Michael	i ilidividual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zin	Code)	-	
54 Grassland Court, Danvi		- o, o, o, o	0040)		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
	☐ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	
Full Name (Last name first, i	f individual)				Managing Partner
i un Name (Last name mst, i	i ilidividual)				
Business or Residence Addre	ess (Number and	Street City State Zin	Code)		
	(i tambél and	· on out, only, oute, e.p	C040)		
Check Box(es) that Apply:	Dromotor.	☐ Beneficial Owner	☐ Executive Officer	E Director	☐ General and/or
	☐ Promoter	□ Beneficial Owner	□ Executive Officer	☐ Director	
Full Name (Last name first, i	f individual)				Managing Partner
run Name (Last name mst, i	i ilidividual)				
Business or Residence Addre	es (Number and	Street City State Zin	Code)		
Business of Residence Fluid	os (ivanios, and	· on con, only, onno, zip	Code)		
Check Box(es) that Apply:	П. Р	□ P	C F	D Dia4	D C
Since Bon(es) that reprise	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Lest name first :	findinidual)				Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Submess of Residence Fladress (Fumber and Street, City, State, Esp Code)					
(Use blank sheet, or conv and use additional copies of this sheet, as necessary)					

B. INFORMATION ABOUT OFFERING					
	Yes No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	N/A				
	Yes No				
	XI 🗆				
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 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				
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					
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				

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

	amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate	Amount
	Debt	Offering Price \$	Already Sold
	Equity	\$ 50,000.61	\$ 50,000.61
	☐ Common 🔀 Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$ <u>50,000.61</u>
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ _50,000.01	\$ 50,000.01
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 the answer is "non" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>50,000.61</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of	Dollar
	Rule 505	Security	Amount Sold
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. 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	_	\$
	Legal Fees	_	\$ 1,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	-	\$
	Other expenses (identify)		\$
	Total	🗵	\$ _1,000.00

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C. O	FFERING PRICE, NUMBER OF IN	NVESTORS, EXPENSES AND USE OF PRO	CEEDS			
b.	- Question 1 and total expenses furnis	egate offering price given in response to Part C shed in response to Part C – Question 4.a. This eeds to the issuer."		\$ <u>49,000.61</u>		
5.	proposed to be used for each of the puis not known, furnish an estimate and	isted gross proceed to the issuer used or irposes shown. If the amount for any purpose check the box to the left of the estimate. The all the adjusted gross proceeds to the issuer set 4.b above.				
			Payments to Officers, Directors, & Affiliates	Payments to Others		
			□\$	□\$		
			□ \$	□\$		
Purchase, rental or leasing and installation of machinery and equipment			□ \$	□\$		
Consti	ruction or leasing of plant buildings an	d facilities	□\$	□\$		
that m	ay be used in exchange for the assets of	ne value of securities involved in this offering or securities of another issuer pursuant to a	□\$	□ \$		
Repay	ment of indebtedness		□ \$			
Worki	ng capital		□\$	区 \$ 49,000.61		
Other	(specify):		□\$	□\$		
	<u>.</u>		□\$	□\$		
			□\$	□\$		
Colum	n Totals		□ \$	⊠ \$ <u>49,000.61</u>		
Total Payments Listed (column totals added)		⊠ \$ <u>49,000.61</u>				
		D. FEDERAL SIGNATURE				
the fol	lowing signature constitutes an undert	signed by the undersigned duly authorized perso aking by the issuer to furnish to the U.S. Securit urnished by the issuer to any non-accredited inve	ies and Exchange Co	ommission, upon		
Pay V	(Print or Type) ly Deductible, Inc.	11 5-87	Date February/ J , 2008			
	of Signer (Print or Type)	Title of Signer (Print or Type)				

ATTENTION

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

END