FORM D

Mail Processing Section

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

FORM D

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

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OMB APPROVAL						
OMB Nurr	nber:		323	5-0076		
Expires:	May	731	,20	800	l	
Estimated	avera	ige	burd	en		
hours per	respo	nse.		.16.00	١	

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						

Washing UNIFORM L	IMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and	name has changed, and indicate change.)	
2008 Common Stock Private Placement		T ULOE PROCESSED
Filing Under (Check box(es) that apply): Rule 504	Rule 505 🛛 Rule 506 🔲 Section 4(6)	□ ULOE
Type of Filing:		JUN 0 3 2008
A.	BASIC IDENTIFICATION DATA	V SEUTED!
1. Enter the information requested about the issuer		THOMSON REUTER
Name of Issuer (check if this is an amendment and nan	ne has changed, and indicate change.)	
Amarillo Biosciences, Inc		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4134 Business Park Dr, Amarillo, Tx 79110	•	806/376-1741
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Tetephone Number (Including Area Code)
Brief Description of Business	· · · · · · · · · · · · · · · · · · ·	
Biotech research and development		
Type of Business Organization		
	rship, already formed other (prship, to be formed	D8047772
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-let CN for Can		nated
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 sea, 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 fiting 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 predictated on the filing of a federal notice.

		ASPASIC ID	entibleation data		
2. Enter the information r	equested for the fo	llowing:		•	
 Each promoter of 	the issuer, if the is	suer has been organized v	vithin the past five years;		
 Each beneficial ow 	ner having the pow	ver to vote or dispose, or di	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
 Each executive of 	ficer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
 Each general and 	managing partner o	of partnership issuers.			
Check Box(es) that Apply.	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Cummins, Joseph M	if individual)				
Business or Residence Addre 7308 Ashland, Amarillo,		Street, City, State, Zip C	ode)		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Mueller, Peter R	if individual)				
Business or Residence Address Busch Court, Clinton, N		Street. City, State. Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Coy, Gary W	if individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		•
907 Cat Hollow Club Dr.	Spicewood, Tx 7	8669			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. Cummins, Martin J	f individual)	•			
Business or Residence Addre 6615 Sandie Dr. Amarillo		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Moore, Dennis	f individual)				
Business or Residence Addre 402 Fish Hatchery, Hami		Street, City, State, Zip Co	ode)		•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i D'Alonzo, Thomas	f individual)				
Business or Residence Addre 908 Vance St, Raleigh, N		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Chen, Stephen	f individual)			•	
Business or Residence Addre Floor 7-1, #18, Xin Yi Ro			ode)		

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

A BASICUDENTIFICATIONDATA 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. ✓ Director General and/or Beneficial Owner П Check Box(es) that Apply: ☐ Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Page, James Business or Residence Address (Number and Street, City, State, Zip Code) 103 Clubhouse Ln, #182 Naples, FL 34105 ☑ Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Ulie, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 814, Mercer Island, WA 98040 Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Hayashibara Biochemical Laboratories, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 2-3 Shimoishii 1-chome, Okayama 700, Japan -Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Director General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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

						UFORMAT	ION ABOU	t opkeků	No.				
1.	Ilas 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.									\$				
												Yes	No
3.			permit joint									K	
4.	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.								he offering. with a state				
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ity, State, 2	Lip Code)						
Nai	me of As:	sociated Br	oker or Dea	aler									
Sta	tes in Wt	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			•			
	(Check	"All States	" or check	individual	States)	************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		□ A1	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	KS NH	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	i Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)	-				***	
Nai	me of As:	sociated Br	oker or Dea	aler									
Sta			Listed Has										
	(Check	"All States	" or check	individual	States)	***************************************	.,	***************************************				□ vi	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	vidual)		•			_				
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, 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)									l States				
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the 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 Offering Price	Amount Already Sold
	Debt		S
	Equity	<u>\$_2,500,000.00</u>	\$ 25,000.00
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	s	\$
	Other (Specify)	S	s
	Total	\$_2,500,000.00	\$ 25,000.00
	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		\$
	Non-accredited Investors	2	\$ 25,000.00
	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		s
	Regulation A		s
	Rule 504		s
	Total		\$ 0.00
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		\$_1,000.00
	Printing and Engraving Costs	Z	\$ 2,000.00
	Legal Fees	Z	\$_5,000.00
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) finders fees	_	s 100,000.00
	Total		\$ 108,000.00

COPPERINC PRICE NUMBERIOUNVESTORS EXPENSES AND USE	OF PR	XCBED8	
b. Enter the difference between the aggregate offering price given in response to Part C — Questic and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted g proceeds to the issuer."	ross		\$
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted graph proceeds to the issuer set forth in response to Part C — Question 4.b above.	and		
		Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees	🗸	<u> 200,000.00</u>	□ s
Purchase of real estate		s	
Purchase, rental or leasing and installation of machinery and equipment	🗀 :	s	
Construction or leasing of plant buildings and facilities	🗀 :	S	s
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)	C	s.	гт s
Repayment of indebtedness	_		_
Working capital			
Other (specify): general administrative overhead	_ 🗆 :	S	∑ \$ 300,000.00
clinical trials	 [S	Z \$ 892,000.00
Column Totals			
Total Payments Listed (column totals added)	••••	□ s 2,3	92,000.00
D. TEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Com the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	nmissio	n, upon writter	
Issuer (Print or Type) Signature	Dat		100
Amarillo Biosciences, Inc		23 MAY	08
Name of Signer (Print or Type) Title of Signer (Print or Type)			
Joseph M Cummins President & CEO			

ATTENTION

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