# **PROCESSED**

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JUN **2 6** 2008

UNITED STATES 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

OMR	APPROVAL

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response . . . . .

SEC USE ONLY								
Prefix	Serial							
DATE RE	CEIVED							
)								

Name of Offering ( check if this is an am	endment and name has chang	ed, and indicate char	ige.)	
Series A-1 Preferred Stock Offering	_			
Filing Under (Check box(es) that apply):	Rule 504	□ Rule 506 □	Section 4(6)	☐ ULOE
Type of Filing: ☐ New Filing ☐ Amendm			. ,	
	A. BASIC IDENTIF	CATION DATA		
1. Enter the information requested about the is	suer			
Name of Issuer ( check if this is an amen	dment and name has changed	, and indicate change	:.)	
Mota Motors, Inc.	•	J	,	Was a way a will 1681
Address of Executive Offices	(Number and Street, City,	State, Zip Code)	Telephone N	
21 Market Street, Venice, CA 90291			310-435-365	
Address of Principal Business Operations	(Number and Street, City,	State, Zip Code)	Telephone N	un
(if different from Executive Offices)	•	• •		— 08051135
Brief Description of Business				
Software services				
Type of Business Organization				
□ corporation	☐ limited partnership, alre	eady formed	other (r	please specify):
☐ business trust	☐ limited partnership, to l	be formed		• • •
	Month	Year		
Actual or Estimated Date of Incorporation or O	rganization: 05	07	🛮 Actual [	☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal S	Service abbreviation	for State:	
	CN for Canada; FN for other			

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•	A	. BASIC IDENTIFIC	ATION DATA	···	
2. Enter the information requeste	ed for the following:				
· Each promoter of the issuer	, if the issuer has been	organized within the pa	ast five years;		
<ul> <li>Each beneficial owner havi the issuer;</li> </ul>		= =	·	0% or more of a class	s of equity securities of
• Each executive officer and	director of cornorate i	ssuers and of cornorate	general and managing	nartners of nartnershi	n issuers: and
Each general and managing		•	general and managing	partiers or partiers in	
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Bundy, Reza	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1515 Abbot Kinney Blvd., Los	Angeles, CA 90291				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc Budinger, William M.	dividual)				
Business or Residence Address	(Number and Street.)	City, State, Zip Code)			
1515 Abbot Kinney Blvd., Los		city, ciate, zip code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Davis, James R.	,				
Business or Residence Address	(Number and Street.)	City, State, Zip Code)	····		<del></del>
1515 Abbot Kinney Blvd., Los		only, onate, sup cone,			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Counihan, James	,				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
117 Kendrick Street, Suite 200,		• • • • • • •			
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Nye, Gordie					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
117 Kendrick Street, Suite 200,	Needham, MA 02494	1			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Hobbit Investments LLC					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1250 Red Butte Drive, Aspen, (	CO 81611	•			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Moto Investment I Company L	•				
Business or Residence Address		City, State. Zip Code)			
Trust Corporate Services, Butt		•	e Sterling Centre, East	Bay Street, P.O. Be	ox N-3242
Nassau, Bahamas	(— ····	, =,			
	<del></del>	·	<del></del>		<del></del>

	A.	BASIC IDENTIFICATION	ON DATA (CONT'D)		
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Prism Venture Partners V, L.I	<u> </u>				·
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
117 Kendrick Street, Suite 200	, Needham, MA 0	2494			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)	,			
Prism Venture Partners V-A,	L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
117 Kendrick Street, Suite 200	, Needham, MA 0		· <del></del>		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
LCG Mota Partners, LLC					
Business or Residence Address 2525 South Wadsworth Blvd, 3		reet, City, State, Zip Code) , CO 80227		- <del></del> -	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)		_	
	(Use blank shee	t, or copy and use additiona	l copies of this sheet, as	necessary.)	

					B.	. INFORI	MATION	ABOUT	OFFERI	NG					
1.	Hac the	iccuer col	d ordoes	the iccuer	intend to	cell to no	n-accredite	ed invector	re in this o	ffering?				Yes	No ⊠
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									_					
2.	What is the minimum investment that will be accepted from any individual?										\$ N/A				
	Does the offering permit joint ownership of a single unit?								Yes	No					
3.		_	-		-	_								⊠	
4.						n who has burchasers									
						broker or									
						(5) person		ted are ass	ociated pe	rsons of s	uch a brok	er or deal	er, you		
P11					broker or	dealer onl	у.								
ruii .	Name (L	ast name i	īrst, if ind	ividual)											
Busi	ness or R	esidence A	Address	(Number	and Stree	t, City, Sta	ite, Zip Co	de)							
													•		
Nam	e of Asso	ciated Bro	oker or De	ealer						<del></del>					
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State						ls to Solici									_
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	[RI ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (La	ast name f	first, if ind	ividual)											
Busi	ness or R	esidence A	Address	(Number	and Stree	t, City, Sta	ite, Zip Co	ode)							
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Nam	e of Asso	ociated Br	oker or De	ealer											
State	s in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	t Purchase	ers							
	(Check	"All State	s" or chec	k individu	ıal States)	•••••		************					•••••		States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]						[HI]	[ID]		
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full	Name (L	ast name i	irst, if ind	lividual)											
						•									
Ruci	nece or R	esidence A	Address	(Number	and Stree	t, City, Sta	te Zin Co	nde)	<del></del>						
Dusi	.11033 01 10	esidence i	-tuuluss	(Trainiber	and once	i, city, ou	no, zip cc	,dc)							
Nam	e of Asso	ciated Br	oker or De	ealer											
											-				
State	s in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	t Purchase	ers		-	-				
	(Check	"All State	s" or chec	k individi	ual States)	•••••								□ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL ]	[GA]	[HI ]	[ID]		•
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI ]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]		

<u> </u>	A	. BASIC IDENTIFIC	ATION DATA		
2 Enter the information requeste	•			<del></del>	
<ul> <li>Each promoter of the issue</li> </ul>		= =	=		
<ul> <li>Each beneficial owner havi the issuer;</li> </ul>	ng the power to vote o	r dispose, or direct the	vote or disposition of, 1	0% or more of a c	lass of equity securities of
<ul> <li>Each executive officer and</li> </ul>	director of corporate i	issuers and of corporate	general and managing	partners of partner	ship issuers; and
<ul> <li>Each general and managing</li> </ul>	g partner of partnership	issuers.			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Bundy, Reza	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1515 Abbot Kinney Blvd., Los	Angeles, CA 90291				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Budinger, William M.	··				
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Full Name (Last name first, if inc	dividual)				
Davis, James R.		-			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
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Full Name (Last name first, if inc	dividual)				
Counihan, James					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
117 Kendrick Street, Suite 200	, Needham, MA 0249	4			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Nye, Gordie					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
117 Kendrick Street, Suite 200	Needham, MA 0249	4		<u></u>	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if inc	dividual)			•	
Hobbit Investments LLC					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1250 Red Butte Drive, Aspen, C	CO 81611				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			. ———	
Moto Investment 1 Company L	td.				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Trust Corporate Services, Butt	terfield Bank (Baham	as) Limited, Montagu	e Sterling Centre, Eas	t Bay Street, P.O.	. Box N-3242
Nassau, Bahamas					

	A.	BASIC IDENTIFICATION	ON DATA (CONT'D)		
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			<del></del>	
Prism Venture Partners V, L.I	P				
Business or Residence Address		reet, City, State, Zip Code)			
117 Kendrick Street, Suite 200	, Needham, MA 0	12494			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Prism Venture Partners V-A,	<del></del>				
Business or Residence Address					
117 Kendrick Street, Suite 200	, Needham, MA				_ <del></del>
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
LCG Mota Partners, LLC		<del></del>	•===		···
Business or Residence Address 2525 South Wadsworth Blvd, S		reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter		☐ Executive Officer	Director	☐ General and/or
Check Box(es) that Apply.	_ I tomoter	_ Belieficial Owlief	L'Accalive Officer	□ Director	Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)	***		Market .
Charle Day(as) sheet A	□ D	Пр с.:10			50 1 1
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and St.	reat City State Zin Code)	<del> </del>		
Business of Residence Address	(Number and St	reet, City, State, Zip Code)			
	(Lise blank sheet	t or conv and use additiona	l conject of this cheet as	nececcany )	

					D	INFOR	VIATION	ABOUT	OFFERI	10					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No		
2.	••										\$ N/A				
											Yes	No			
3. 4.												⊠			
Full 1			first, if ind		OTORCI OI	dealer on	<i>J</i>								
			,	,					•						
Busir	ess or R	esidence .	Address	(Number	and Stree	t, City, Sta	nte, Zip Co	ode)							<del>-</del>
Name	of Asso	ociated Br	oker or De	aler	<del></del>					<u>.</u> .					· · · · ·
States	in Whi	ch Person	Listed Ha	s Solicited	or Intend	ls to Solici	t Purchase	·rc	· · · · · ·	<del></del>				<u> </u>	
State:															States
	[AL ] [IL ] [MT] [RI ]	[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]	[ID ] [MO] [PA ] [PR ]		
Full 1	Name (L	ast name	first, if ind	lividual)											
Busir	ness or R	esidence .	Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)						'	
Name	of Asso	ociated Br	oker or De	aler				· · · · · · · · · · · · · · · · · · ·							
States	s in Whi	ch Person	Listed Ha	s Solicited	d or Intend	ls to Solici	it Purchase	ers	-				<del></del>	-	
	(Check	"All State	es" or chec	k individu	ual States)				•••••					□ All	States
	[AL] [IL] [MT] [RI]	[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]	[ID ] [MO] [PA ] [PR ]		
Full 1	Vame (L	ast name	first, if ind	lividual)											
Busir	ness or R	esidence .	Address	(Number	and Stree	t, City, Sta	ate, Zip Co	ode)	. , , , , , , , , , , , , , , , , , , ,	.,.					<u></u>
Name	e of Asso	ociated Br	oker or De	ealer	<del></del>										
State	s in Whi	ch Person	Listed Ha	s Solicited	d or Intend	is to Solici	it Purchase	ers							··········
														□ All	States
	[AL] [IL] [MT] [RI]	[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]	[ID ] [MO] [PA ] [PR ]		

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 \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
			Aggregate			Amount Already
	Type of Security		Offering Price			Sold
	Debt	\$	-0-		\$	-0-
	Equity	\$	5,500,000.00		\$	4,150,000.38
	Convertible Securities (including warrants)	\$	-0-		\$	-0-
	Partnership Interests	\$	-0-		\$	-0-
	Other (Specify:)	\$			\$	-0-
	Total	ъ \$	-0-		•	<del></del>
	Answer also in Appendix, Column 3, if filing under ULOE.	Ð	5,500,000.00		\$	4,150,000.38
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		3		\$	4,150,000.38
	Non-accredited Investors		-0-		\$	-0-
	Total (for filings under Rule 504 only)		·————		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of			Dollar Amount
	Type of Offering		Security			Sold
	Rule 505		•		\$	
	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 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					-0-
	Printing and Engraving Costs				\$	-0-
	Legal Fees	•••••		X	\$	60,000.00
	Accounting Fees				\$	10,000.00
	Engineering Fees				\$	-0-
	Sales Commissions (specify finders' fees separately)				\$	-0-
	Other Expenses (identify)				\$	-0-
	Total			X	\$	70,000.00

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

H	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES A	AND USE	OF PROCE	EDS	
	b. Enter the difference between the aggregate off Part C - Question 1 and total expenses furnished i This difference is the "adjusted gross proceeds to	n response to Part C - Question 4.a.			\$	5,430,000.00
5.	Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the left o ments listed must equal the adjusted gross proceed Part C - Question 4.b above.	amount for any purpose is not known, f the estimate. The total of the pay-			,	
			Ċ	ments to		
	,			ectors, & ffiliates	1	Payments To Others
	Salaries and fees		⊠\$ <sup>∩</sup>	360,000	⊠ \$	1,000,000
	Purchase of real estate	•••••	□ <b>\$</b>	-0-	□ <b>\$</b>	-0-
	Purchase, rental or leasing and installation of mac	hinery and equipment	□ <b>\$</b> _	-0-	□ <b>\$</b>	-0-
	Construction or leasing of plant buildings and fac	ilities	□ \$ <sup>-</sup>	-0-	⊠\$	91,000
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse	ue of securities involved in this ets or securities of another issuer	-		•	
	pursuant to a merger)		□\$_	-0-	□\$	-0-
	Repayment of indebtedness		_	-0-	⊠\$	73,600
	Working capital		□ \$ _	-0-	⊠\$	3,905,400.21
	Other (specify):	<u></u>	□ \$ <u> </u>	-0-	□\$	-0-
	Column Totals		□\$_	-0-	□ \$ <sub>.</sub>	-0-
	Total Payments Listed (column totals added)			<b>⊠</b> \$ <u>5</u> ,	430,000.00	
		D. FEDERAL SIGNATURE			· · · · · · · · · · · · · · · · · · ·	<del></del> _
signa	ssuer has duly caused this notice to be signed by the sture constitutes an undertaking by the issuer to furnimation furnished by the issuer to any non-accredited	ish to the U.S. Securities and Exchange	Commiss	ion, upon writ		
Issue	r (Print or Type)	Signature			Date	
Mo	a Motors, Inc.	N. Budon			June 17, 200	8
	e of Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>		
Rez	a Bundy	Chairman & CEO `				

**ATTENTION** 

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

