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FORM D

SEC Mail Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

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Washington, DC

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

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

	SEC U	SE ONI	LY
Prefix			Serial
	DATE I	RECEIV	ED

Name of Offering ( check if this is a	in amendment and name h	is changed, and indicate	change.)		
Series A-2 Preferred Stock					
Filing Under (Check box(es) that apply	/): Rule 504	☐ Rule 505	⊠ Rule :	Soction 4(	6) 🔲 ULOE
Type of Filing: New Filing 🛛 A	mendment				
., 5 — 6 —					
	A. BASI	DIDENTIFICATION	DATA		
1. Enter the information requested	about the issuer				
Name of Issuer ( check if this is an a	amendment and name has	hanged, and indicate ch	ange.)		
NORTHPOINT FINANCIAL GROU		C			
Address of Executive Offices	<del>`                                    </del>	iber Street, City, State, 2	Zip Code)	Telephone Number	r (including Area Code)
6200 Stoneridge Mall Road		anton, CA 94588	, [	1-866-784-7646	, ,
Address of Principal Business Operation			(in Code)		r (including Area Code)
(if different from Executive Offices)		IKOCHOOL			
		1.0000			
Brief Description of Business		<del></del>			(1) 1000 (thu thu thu thu thu thu thu thu thu thu
Real Estate Investment Services		TUONICON DEID	rene		
Type of Business Organization		<del>THOMSON REU</del> T	EKO		
	limited partnership, a	ready formed	other (plea	se spec ORO	51704
business trust	limited partnership, to	be formed			01704
	M	onth Year	,		<del>"</del> -
Actual or Estimated Date of Incorpora	tion or Organization 0	5 0 1		ial 🔲 Estimate	d
Jurisdiction of Incorporation or Organi	zation: (Enter two-letter U	J.S. Postal Service abbre	viation for St	ate:	

# 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).

CN for Canada; FN for other foreign jurisdiction

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.

A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested for the following:			
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the Each beneficial owner having the power to vote or dispose, or direct the</li> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	vote or disposition of, 10% o		
Check Box(es) that Apply:  Promoter  Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if individual)  Worley, Daniel			
Business or Residence Address (Number and Street, City, State. Zip Code) 6200 Stoneridge Mall Road, Pleasanton, CA 94588			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Richards, Frank			
Business or Residence Address (Number and Street, City, State Zip Code) 6200 Stoneridge Mall Road, Pleasanton, CA 94588		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Steuart, John			
Business or Residence Address (Number and Street, City, State, Zip Code)			
6200 Stoneridge Mall Road, Pleasanton, CA 94588	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Frye, Linda			
Business or Residence Address (Number and Street, City, State, Zip Code)			
1249 Bernal Avenue, Burlingame, CA 94010			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Dias, Saman			
Business or Residence Address (Number and Street, City, State, Zip Code) 19 Ashford Place, Martinez, CA 94553			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) The Bredehoft Family 1993 Trust dated December 19, 1993			
Business or Residence Address (Number and Street, City, State, Zip Code) 2048 Casa Nuestra, Diablo, CA 94528			
Check Box(es) that Apply:  Promoter  Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
John D. Steuart and Barbara E. Steuart Trust UDT June 5, 2003			
Business or Residence Address (Number and Street, City, State, Zip Code)			
2033 Hearst Avenue, Berkeley, CA 94709			

				В. Г	NFORMAT	ION ABOU	J <b>T OFFERI</b>	NG				
1.	Has the issuer s	sold, or does									Yes	No ⊠
2.	What is the mir	nimum invest	ment that wi	ill be accept	ed from any	individual?		***************************************			\$ <u>No</u>	
3.	Does the offeri	ng permit joi	nt ownership	of a single	unit?						Yes ⊠	No □
4.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  What is the minimum investment that will be accepted from any individual?  What is the minimum investment that will be accepted from any individual?  Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remneration 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. I 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.  Ill Nance (Last name first, if individual)  A stiness or Residence Address (Number and Street, City. State. Zip Code)  The state of Associated Broker or Dealer  The state of t	100	<u>.</u>									
Full N/A		ne first, if inc	lividual)									
		ce Address (	Number and	Street, City	. State, Zip (	Code)						
Nam	e of Associated	Broker or D	ealer		·			<u> </u>		<u></u>		
State	e in Which Par	eons Listed H	lac Solicited	or Intende t	o Solicit Dur	ohneure		<del></del>		<del>.</del>		<del></del>
Sian							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				All	States
Al	AK	Α7	AR	CA	CO	СТ	DF	DC	FI	GA	ы	ID
IL											MS	MO
M.	Γ NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Nam	ne of Associated	Broker or D	ealer									
State							•••••				All	States
Al.	. AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	НІ	ID
IL		IA	KS			ME		MA	MI	MN	MS	MO
M											OR	PA
RI	SC	SD 	TN	TX	UT 	VT 	VA	WA	wv	WI	WY	PR
Busi	iness or Residen	ce Address (	Number and	Street, City	. State, Zip	Code)						
Nan	ne of Associated	Broker or D	ealer					· · · · · · · · · · · · · · · · · · ·				
State											All	States
Al	. AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ні	ID
ΙL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
					NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	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	PF	ROCEEDS			
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 Offering Price		Am	ount Already Sold
	Debt	\$	0		\$	0
	Equity	\$	2,000,000.00	•	\$	850,000.00
	☐ Common ☑ Preferred	-			_	
	Convertible Securities (including warrants)	\$	0			450,000.00
	Partnership Interests				<b>\$</b>	0
	Other (Specify)		0		\$	0
	Total		2,000,000.00		\$	1,300,000.00
	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 <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		Do	ollar Amount  f Purchases
	Accredited Investors	_	1!	_	<b>\$</b> _	1,300,000.00
	Non-accredited Investors	-	0	_	\$_	0
	Total (for filings under Rule 504 only)	_	0	-	\$_	00
	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, 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		Do	ollar Amount
	Type of Offering		Security			Sold
	Rule 505	_	None	_	\$_	None
	Regulation A	_	None	_	\$_	None
	Rule 504	_	None	_	\$_	None
	Total	_	None	_	<b>\$</b> _	None
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 Fee				\$_	0
	Printing and Engraving Costs				\$	0
	Legal Fees			$\boxtimes$	\$_	35,000.00
	Accounting Fees				\$	0
	Engineering Fees				\$_	0
	Sales Commissions (specify finders' fees separately)	•••••			\$_	0
	Other Expenses (identify)				\$_	0
	Total		••••••		\$_	0
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$_	1.965.000.00

5. Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any p the box to the left of the estimate. The total of t proceeds to the issuer set forth in response to Part C	surpose is not known, furnish an estimate and check he payments listed must equal the adjusted gross				
proceeds to the issuer set form in response to Furre	Question its above.	Paymer	its to		
		Office			
** Exchange Offering – r	to proceeds received	Directo	•	Davi	ment to
		Affilia		-	thers
Calarian and Casa				اً ہ 🗆	0
		⊔ ₃			0
Purchase, rental or leasing and installation of machi			0		
			_		0.
	ties	□ ?	0	□ s	0
Acquisition of other businesses (including the value					
offering that may be used in exchange for the assets			^		
					0
					0
		□\$	0		,965,000.00
Other (Specify)		_		-	
		_		}-	
		_ C _ s	0		0
				<b>⊠</b> \$ 1	,965,000.00
Total Payments Listed (column totals added)			⊠ s	1	,965,000.00
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-accredited issuer (Print or Type)	rnish to the U.S. Securities and Exchange Commis				
Northpoint Financial Group, Inc.	Tol 1 Dol	Date			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
D - 1 1 W - 1	O O				
Daniel Worley	Secretary		_		
	ATTENTION				
		/D			
Intentional misstatements or omi	ssions of fact constitute federal criminal violations	s. (See 18 U.S	s.C. 1001.	)	

		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently sub provisions of such rule?			Yes	No ⊠					
	See Ap	opendix, Column 5, for state res	ponse.							
2.	The undersigned issuer hereby undertakes to furnish to CFR 239.500) at such times as required by state law.	o any state administrator of any	state in which this not	ce is file	d, a notice on Form D (17					
3.	The undersigned issuer hereby undertakes to furnish offerees.	, , , , , , , , , , , , , , , , , , , ,								
4.	The undersigned issuer represents that the issuer is fam. Exemption (ULOE) of the state in which this notice i burden of establishing that these conditions have been s	is filed and understands that th								
	he issuer has read this notification and knows the contents uthorized person.	to be true and has duly caused	this notice to be signed o	on its beh	alf by the undersigned duly					
		ignature	)	Date						
No	orthpoint Financial Group, Inc.									
Na	Same of Signer (Print or Type)	itle o Signer (Print or Type)								
Da	Daniel Worley So	ecretary								

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.

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				A	PPENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	Series A-2 Preferred es No Stock		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	143	110	Diver.		,,,,,,,	100000			-
AK							<del> </del>		
AZ									
AR									
CA		х	933,633	9	\$1,100,000.00	0	\$0		Х
CO		х	85.851	1	\$100,000.00	0	\$0		X
СТ									
DE							·		
DC									
Fl.									
GA				,					
111									
ΊD									
IL									
IN		Х	40.779	1	\$50,000.00	0	<b>\$</b> 0		X
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OR	>	42,925	1	\$50,000.00	0	\$0	X
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