# FORM D

SEC Mail Processing Section

JUN 2 6 2008

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

UNITED STATES

Washington, D.C. 20549

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**OMB APPROVAL** OMB Number:.....3235-0076 Expires: .....June 30, 2008 SECURITIES AND EXCHANGE COMMISSION Estimated average burden

hours per form16.00										
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pply): 🔲 Rul	le 504	Rule 505	Rule 506	□s	ection 4(6)	□ ULÕE	52011
ng 🖾 Am	endment					JUN 2	2 4 2008
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this is an amendment a	and name has cha	anged, and in	dicate change.			ľ	104
<b>C</b> .							
	(Num	ber and Stre	et, City, State, Zip (	Code) T	elephone Nu	ımber (Inclu	iding Area Code)
C., 300 Atlantic Stre	et, 12 <sup>th</sup> Floor, Sta	amford, CT (	06901			203 348-52	252
	(Num	ber and Stre	et, City, State, Zip (	Code) T	elephone Nu	ımber (Inclu	iding Area Code)
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Private Investment C	Company					PRC	CESSED
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### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 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 nc Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.

08054036

jes and date on

or 15

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.

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.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DAT	Α	
<ul><li>Each beneficial ow</li><li>Each executive offi</li></ul>	he issuer, if the iss ner having the pov cer and director of	suer has been organized wit wer to vote or dispose, or di	thin the past five years; irect the vote or disposition o orporate general and manag	of, 10% or more of ging partners of pa	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,	if individual):	K2/D&S Managemen	t Co., L.L.C		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street	t, 12 <sup>th</sup> Floor, Stam	nford, CT 06901
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Saunders, David C			
Business or Residence Add Stamford, CT 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2/D&S Manaç	gement Co., L.L.C	., 300 Atlantic Street, 12th Floor,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Ferguson, John T.			
Business or Residence Add Stamford, CT 06901	ress (Number and	Street, City, State, Zip Cod	de): c/o K2/D&S Manaç	gement Co., L.L.C	c., 300 Atlantic Street, 12th Floor,
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Douglass III, William	A.		
Business or Residence Add Stamford, CT 06901	ress (Number and	Street, City, State, Zip Cod	de): c/o K2/D&S Manag	gement Co., L.L.C	c., 300 Atlantic Street, 12th Floor,
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	K2 Institutional Inves	stors II, Ltd.		
Business or Residence Add 173 Road Town, Tortola, E		Street, City, State, Zip Cod	de): c/o S-HR&M Finan	cial Services Lim	nited, Kingston Chambers, PO Box
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 Cod	ie):		
Check Box(es) that Apply:					<del></del>
onder Donied, that rippiy.	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,		☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	if individual):			Director	General and/or Managing Partner
Full Name (Last name first,	if individual):			Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner
Full Name (Last name first, Business or Residence Add	if individual): ress (Number and	Street, City, State, Zip Cod	de);		
Full Name (Last name first, Business or Residence Add Check Box(es) that Apply:	if individual): ress (Number and Promoter if individual):	Street, City, State, Zip Cod	de);		

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

1. H	las the issue	er sold, or (	does the is	suer inten			edited inve pendix, Co					☐ Yes	⊠ No
2. V	What is the minimum investment that will be accepted from any individual?								•	000,000* ay be waived			
з. С	oes the offe	ring permi	t joint own	ership of a	single uni	it?						Yes	□No
a o a	nter the info ny commiss ffering. If a nd/or with a ssociated pe	ion or simi person to i state or st	lar remune be listed is ates, list th	eration for an associ ne name o	solicitation iated perso f the broke	of purcha on or agen or deale	sers in cor t of a brok r. If more t	nnection w er or deale than five (	ith sales o er registere 5) persons	f securities ed with the to be liste	s in the SEC d are		
Full Na	ame (Last na	ame first, if	individual	)									
Busine	ess or Resid	ence Addr	ess (Numb	per and St	reet, City,	State, Zip	Code)						
Name	of Associate	ed Broker (	or Dealer										
States	in Which Pe	areon Liete	d Hae Soli	icited or In	tande to S	olicit Purc	hacare						
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	□ [IN]	□ [IA]	[KS]	[KY]	□ [LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
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ull Na	ame (Last na	me first, if	individual	)									
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)			<u>.                                      </u>		-	
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П [МТ	] [NE]		□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]		□ [OR]	□ (PA)	
□ [RI]	□ [SC]	□ [SD]	[TN]	[XT]	[TU]	[√T]	□ [VA]	[WA]	[VV]	[WI]	□ (WY)	□ (PR)	

**B. INFORMATION ABOUT OFFERING** 

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

٠	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND U	ISE OF PROCE	EDS	
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 \( \precedef{\text{\text{and}}} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt	\$		\$	
	Equity	\$		\$	_
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	s		s	
	Partnership Interests				
	·		·		249,732,281
	Other (Specify) Membership Interests)				
	Total  Answer also in Appendix, Column 3, if filing under ULOE	\$	900,000,000	<u>\$</u>	249,732,281
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		2	<u>\$</u>	249,732,281
	Non-accredited Investors		n/a	<u>\$</u>	n/a
	Total (for filings under Rule 504 only)	_	0	\$	0
	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		Types of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
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		🛮	\$	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		_	\$	49,168
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify))			\$	· ·

49,168

	b.Enter the difference between the aggregate offering pr and total expenses furnished in response to Part C—Que gross proceeds to the Issuer."	stion 4.a. This difference is the "ac	djuste	d		<u> </u>	899.9	50,832
	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. T the adjusted gross proceeds to the issuer set forth in res	any purpose is not known, furnish a The total of the payments listed mus	an st equa		yments to			
				Di	Ófficers, irectors & Affiliates			
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			\$	0	_ 🗆	\$	0
	Purchase, rental or leasing and installation of ma			s	0		\$	0
				•	0	_	\$	0
	Construction or leasing of plant buildings and fac Acquisition of other businesses (including the val	lue of securities involved in this		<u> </u>		_ ⊔	<del>*</del>	
	offering that may be used in exchange for the as pursuant to a merger	sets or securities of another issuer		\$	0		\$	0_
	Repayment of indebtedness	•		\$	0		\$	0
	Working capital			\$	0	_	\$ 899	950 832
	- '					_		_
	Other (specify):			<u>\$</u>	0_	_		
				<u>\$</u>	0	_		
	Column Totals	***************************************		\$	0	_ 🛛	<u>\$ 899</u> ,	<u>950,832</u>
	Total payments Listed (column totals added)				<u> </u>	Payment Others    \$   \$   \$   \$   \$   \$   \$   \$   \$		
-		D. FEDERAL SIGNATUR	RΕ					
-	This issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the U.S by the issuer to any non-accredited investor pursuant to par	<ol><li>Securities and Exchange Commit</li></ol>	n. If this ission	his notice is fi , upon written	led under Rule request of its	505, th	e following : e informatio	signature n furnished
-	Issuer (Print or Type)	Signature	-/*		Ċ	ate		
K2	Institutional Investors II, L.L.C.	Juk _			J	ine 2	5,2008	
-	Name of Signer (Print or Type)	Title of Signer (Frint or Type)	) t C	Managama	at Co	1 1 <i>(</i>	1 1 1 1 1 1	Managar
	John T. Ferguson	Chilef Operating/Officer, KZ/1	J&\$	manageme ———	ent, co.,			
							\$ 0 \$ 0 \$ 0 \$ 0 \$ 899,950,832 \$ 0 \$ 899,950,832 05, the following signature aff, the information furnished energy and the information furnished energy a	
		ATTENTION						
	Intentional misstatements or omis	sions of fact constitute federal c	rimin	al violations.	(See 18 U.S.	C. 1001	.)	

### **E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
K2 Institutional Investors II, L.L.C.

Name of Signer (Print or Type)

John T. Ferguson

Signature

June 25, 2008

Title of Signer (Print or Type)

Chief Operating Officer, K2/D&S Management, Co., L.L.C., its Manager

### Instruction:

Print the names 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 manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

• •	•			APF	PENDIX		-		
1	- 2	2	3			4		5	;
:	Intend to non-ad investors (Part 8 -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State					fication te ULOE attach ation of granted) - Item 1)
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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AK									
AZ									
AR								<u> </u>	
CA									ļ
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СТ		X	\$900,000,000	11	\$50,000	0	\$0		X
DE						ļ			
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· -	. 2			AP	PENDIX				
1	2	2	3			4		5	
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and Amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI					-			<u> </u>	
sc									
SD									ļ
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UT VT									
VA				<del>.</del>					
WA									
wv									
WI							İ		
· WY									
Non- US	,	х	\$900,000,000	1	\$249,682,281	0	\$0		х

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