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FORM D

SEC Mail Processing Section

SEP 113000

Washington, DC 111

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

| OMB APPROVAL | | | |
|--------------------------|-----------|--|--|
| OMB Number: | 3235-0076 | | |
| Expires: | | | |
| Estimated average burden | | | |
| hours per respon: | se16.00 | | |

| SEC USE ONLY | | | | |
|---------------|--|--------|--|--|
| Prefix | | Serial | | |
| | | | | |
| DATE RECEIVED | | | | |
| | | | | |

| UNIFORM LIMITED OFFERING EXEM. | PITON |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| Rayne Dealership Corporation / Pionetics Corporation merger transaction | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: | |
| A. BASIC IDENTIFICATION DATA | I I I I I I I I I I I I I I I I I I I |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 08059893 |
| Rayne Dealership Corporation | 00009893 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Couc, |
| 4635 Ruffner Street, San Diego, CA 92111 | (858) 292-1011 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Water filtration products | |
| | DDOOFCCE |
| Type of Business Organization | PROCESSED |
| ✓ corporation ☐ limited partnership, already formed ☐ other (p ☐ business trust ☐ limited partnership, to be formed | please specify): |
| | SEP 172008 |
| Month Year Actual or Estimated Date of Incorporation or Organization: O8 O8 Actual Estir Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | nated THOMSON DELITERS |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |

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.

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.

A. BASIC IDENTIFICATION DATA 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 General and/or Managing Partner Full Name (Last name first, if individual) Residential Services Management Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 11726 San Vicente Bivd., Suite 300, Los Angeles, CA 90049 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or ✓ Director Managing Partner Full Name (Last name first, if individual) Rothstein, Alain Business or Residence Address (Number and Street, City, State, Zip Code) 11726 San Vicente Blvd., Suite 300, Los Angeles, CA 90049 -Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Memmo, Nicholas Business or Residence Address (Number and Street, City, State, Zip Code) 11726 San Vicente Blvd., Suite 300, Los Angeles, CA 90049 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Vessey, Bret C. Business or Residence Address (Number and Street, City, State, Zip Code) 4635 Ruffner Street, San Diego, CA 92111 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or 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: Promoter Beneficial Owner Executive Officer Director General and/or 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: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director 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)

| | | * | , (N ₂) | B, II | VFORMAT | ION ABOU | T OFFERI | NG | (1) (3) (1) (4) (1) (1) (1) (1) | | | |
|-------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|-------------|----------|
| 1141 | . ioo | المسامية | ha ione | | II | oosod:+-4 ' | nuagta== : | this offer | ina? | | Yes | No |
| . Has the | issuer solo | i, or does ti | | | n, to non-a Appendix | | | | _ | •••••• | | X |
| . What is | s the minim | um investn | | | • • | | _ | | | | \$_N/A | • |
| | | | | | | | | | | | Yes | No |
| | ne offering | | | | | | | | | | _ | R |
| commi: If a per or state a broke | he informat ssion or sim son to be lis ss. list the na er or dealer, | ilar remune ted is an ass ime of the b you may s | ration for s sociated pe broker or de et forth the | olicitation rson or age aler. If mo | of purchase int of a brok ore than five | ers in conne ter or deale e (5) persor | ection with r registered as to be list | sales of sec I with the S ed are asso | curities in t EC and/or | he offering. with a state | | |
| ull Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Business or | Residence | Address (N | lumber and | Street, Ci | ity, State, Z | Lip Code) | | | | | | |
| 1 C A | | | _t | | | | | | | | | |
| came of As | sociated Br | oker of De | aier | | | | | | | | | |
| | hich Person | | | | | | | | | | | |
| (Check | "All States | " or check | individual | States) | | ***************** | *************************************** | ***************** | *************************************** | | ☐ Al | l States |
| AL | AK | AZ | AR | CA | CÖ | CT | DE | DC | FL | GA | HI | ID |
| IL) | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT] | NE SC | NV SD | NH TN | NJ TX | NM UT | NY VT | NC VA | ND WA | OH WV | (OK) (WI) | OR WY | PA PR |
| | | | | | | | | | | | | |
| 'ull Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Business o | r Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | ., | | | | | |
| lame of As | sociated Br | okar or Da | aler | | | | | | | | | |
| value of As | Sociated Bi | okei di De | aici | | | | | | | | | |
| | hich Person | | | | | | | | | | | |
| (Check | "All States | or check | individual | States) | ****************** | **************** | | ************* | | *************************************** | | States |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | (D) |
| | (NI) | 1A | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT) | (NE) | NV SD | NH TN | TX | NM UT | NY VT | NC VA | ND WA | OH WV | OK] | OR WY | PA PR |
| | Last name | | | | | | | | | | | ستس |
| un Name (| Last Hallie | 1113t, It IIIQ | i viduži) | | | | | | | | | |
| Business o | r Residence | Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| lame of As | sociated Br | oker or De | aler | | | | | ··· | - | | | |
| tates in W | hich Person | Listed Ha | s Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| (Check | "All States | " or check | individual | States) | ••••• | ***************** | ****************** | *************************************** | | | ☐ All | States |
| [AL] | ĀK | AZ | AR | CA | CO | CT | DE | [DC] | FL | GA | HI | ΙĎ |
| | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN . | MS | MO |
| MT | NE | NV | NH | NJ | 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 PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already 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 | | \$ |
| | Equity | 11,476,080.00 | <u>\$ 11,476,080.00</u> |
| | | | |
| | Convertible Securities (including warrants) | S | \$ |
| | Partnership Interests | 5 | \$ |
| | Other (Specify) | <u> </u> | \$ |
| | Total | 11,476,080.00 | <u>\$ 11,476,080.00</u> |
| | 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." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | 11 | s 11,476,080.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | s |
| | 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 | <u></u> | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | 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 | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | Z | \$_110,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | s |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) Blue sky filing fees | | \$ 300.00 |
| | Total | | \$ 110,300.00 |

| | b. Enter the difference between the aggr | egate offering price given in response to Part C Qu | aestion (| |
|------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| | and total expenses furnished in response to | Part C — Question 4.a. This difference is the "adjus | ted gross | \$11,365,780.00 |
| 5. | each of the purposes shown. If the amo | d gross proceed to the issuer used or proposed to be bunt for any purpose is not known, furnish an esting the total of the payments listed must equal the adjustance to Part C — Question 4.b above. | nate and | |
| | | | Payments to Officers, Directors, & Affiliates | |
| | Salaries and fees | | \$ | \$ |
| | | | - - | |
| | Purchase, rental or leasing and installat | | _ | _ |
| | and equipment | | S | _ 🗆 \$ |
| | Construction or leasing of plant buildin | gs and facilities | S | []\$ |
| | offering that may be used in exchange f | ng the value of securities involved in this or the assets or securities of another | | |
| | | | | |
| | Repayment of indebtedness | | S | _ 🗆 \$ |
| | Working capital | | \$ | \$1,365,780.0 |
| | Other (specify): | | | [s |
| | | | | |
| | Column Totals | | <u>\$</u> 0.00 | \$11,365,780.0 |
| | | ded) | | 11,365,780.00 |
| 192 | | D-FEDERAL SIGNATURE | | 非针形的时代 |
| sign | nature constitutes an undertaking by the is | ned by the undersigned duly authorized person. If t suer to furnish to the U.S. Securities and Exchange y non-accredited investor pursuant to paragraph (| Commission, upon wri | Rule 505, the following tten request of its staff, |
| Issi | uer (Print or Type) | Signature 4 | Date | |
| Ra | yne Dealership Corporation | But (NU) | 9/4/0 | 98 |
| Nai | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Зге | t C. Vessey | Chief Financial Officer | | |

ATTENTION

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

| GE STATESIGNATURE | | in with |
|--------------------------------------------------------------------------------------------------------------------|-----|----------------|
| Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No ⊠ |

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.
- 3. 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) | Signature | |
|-------------------------------|-------------------------|--|
| Rayne Dealership Corporation- | 15/W 6/4/4/1/ 9/4/08 | |
| Name (Print or Type) | Title (Print or Type) | |
| Bret C. Vessey | Chief Financial Officer | |

Instruction:

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.

