FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSIONEC Mail Processing Washington, D.C. 20549

FORM D

Section

OCT 10 2008

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

Washington, UC

1443423

	OMB APPROVAL				
)	OMB Number:	3235-0076			
	Expires:	April 30, 2008			
	Estimated average burden				
	hours per form16.0				
SEC USE ONLY					
	Prefix	Serial			
DATE RECEIVED					

Name of Offering ([] che	eck if this is an ame	endment and name has chang	ged, and indicate c	hange.)	L	
Common Stock financin	ng					
Filing Under (Check box((es) that apply):	[] Rule 504	[] Rule 505	[X] Rule 506	[]Section 4(6)	[] ULOE
Type of Filing: [X] New Filing	Amendment				
		A. BASIC IDE	ENTIFICATION	DATA		
1. Enter the informatio	n requested about	the issuer				ATTEN ONLI BIBLE LEVIL TORI
Name of Issuer ([] check	c if this is an amen	dment and name has change	d, and indicate cha	ange.)		
PathoLase, Inc.		_				
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number				120000 ODDV talin doud taita index pour dinne nou aces.		
275 Airport Blvd, Suite 500, Chico, CA 95973 (530) 571-55				(530) 571-5575	08062	_
Address of Principal Busi	•	(Number and Street, City,	State, Zip Code)	Telephone Number (Including Area Code	=)
(if different from Executive	ve Offices)					
D 1 4 D 1				PROCESSE	<u>D</u>	
Brief Description of Busin			P.		Comp.	
Medical device research			<u></u>	<u>∩∩⊤ 1 7 2000</u>		
Type of Business Organiz				OCT 172008		18.
	corporation	[] limited partnershi			other (please spe	city):
	usiness trust	[] limited partnershi	p, to be formed	HOMSON REUT	EKS	
Actual or Estimated Date	•	·			[X] Actual	[] Estimated
Jurisdiction of Incorporati	ion or Organization			ice abbreviation for Stat	te:	
		CN for Canada:	FN for foreign im	risdiction)		(CA)

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 IDENTIFICATION DATA

- 2. 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 [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director				
Full Name (Last name first, if inc		. 1,6.4					
Strisower, John							
	Business or Residence Address (Number and Street, City, State, Zip Code)						
275 Airport Blvd, Suite 500, Cl							
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director				
Check Box(es) that rippiy.	[] General and/or Managing Partner	() Zhooda ve eriteer					
Full Name (Last name first, if inc		• •					
Harris, David							
	Number and Street, City, State, Zip Code)						
275 Airport Blvd, Suite 500, Cl	• • • • • • • • • • • • • • • • • • • •						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director				
	[] General and/or Managing Partner	• •					
Full Name (Last name first, if inc							
Pierce, Brian	,						
Business or Residence Address (Number and Street, City, State, Zip Code)						
275 Airport Blvd, Suite 500, Cl	hico, CA 95973						
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director				
• • •	[] General and/or Managing Partner						
Full Name (Last name first, if inc	dividual)						
Hancock, Tom							
Business or Residence Address (Number and Street, City, State, Zip Code)						
400 Crown Colony Drive, Suite							
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director				
	[] General and/or Managing Partner						
Full Name (Last name first, if inc							
	edical Partners II, S.C.A., SICAR						
	Number and Street, City, State, Zip Code)						
400 Crown Colony Drive, Suite							
Full Name (Last name first, if inc	dividual)						
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 inc	lividual)						
Business or Residence Address (Number and Street, City, State, Zip Code)						
			···				
	(Use blank sheet, or copy and use additional copies	s of this sheet, as necessary.)					

B. INFORMATION ABOUT OFFERING	
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?	<u>00</u>
Yes No. 3. Does the offering permit joint ownership of a single unit?	
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 be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	to
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
States III Which Person Edited This governed of Interior to Boriet Purchasers	
(Check "All States" or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] MI] [MN] MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
Thank of Associated Broker of Beater	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] (DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] {NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)	_
Business or Residence Address (Number and Street, City, 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)	
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[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 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 Amount Already Offering Price Sold Debt..... Equity 356,178,93 356,178.93 [] Common [X] Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Convertible Promissory Notes)..... 356,178.93 Total 356,178.93 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 Dollar Amount Number Investors of Purchases Accredited Investors..... 356,178.93 Non-accredited Investors 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 Security Type of Dollar Amount Security Sold Rule 505 Regulation A Rule 504 a. Furnish a statement of all expenses in connection with the issuance and distribution 4 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... Printing and Engraving Costs...... Legal Fees[X] 10,000.00 Accounting Fees.

Other Expenses (identify): []

Total [X]

10,000.00

	C. OFFERING PRICE, NUMBER OF INVE	STORS, EXPENS	ES AND USE	OF PROCEEDS	5	
	 b. Enter the difference between the aggregate offering price given in – Question 1 and total expenses furnished in response to Part C – 0 difference is the "adjusted gross proceeds to the issuer." 	Question 4.a. This			\$	346,178.93
5.	Indicate below the amount of the adjusted gross proceeds to t proposed to be used for each of the purposes shown. If the amount not known, furnish an estimate and check the box to the left of the of the payments listed must equal the adjusted gross proceeds to the response to Part C – Question 4.b above.	for any purpose is estimate. The total				
	(s to Officers, , & Affiliates	Payn	nents To Others
	Salaries and fees	[]	\$	[]	\$	
	Research and Development	[]	\$	[]	\$	
	Purchase, rental or leasing and installation of machinery and equipment	[]	\$	[]	\$	
	Construction or leasing of plant buildings and facilities	[]	\$	[]	\$	
	Acquisition of other businesses (including the value of securiti offering that may be used in exchange for the assets of securities.)	es involved in this				
	issuer pursuant to a merger)		\$	[]	\$	
	Repayment of indebtedness	[]	\$	[]	\$	
	Working capital and general corporate purposes	[]	\$	(X]	\$	346,178.93
	Other (specify):	[]	\$	[]	\$	
	Column totals	[]	\$	[X]	\$	346,178.93
	Total payments listed (column totals added)		[X] \$	346,178,93		
	D. FEDERA	L SIGNATURE				
constitut	er has duly caused this notice to be signed by the undersigned duly authors an undertaking by the issuer to furnish to the U.S. Securities and Exect to any non-accredited investor pursuant to paragraph (b)(2) of Rule 50	change Commission,	upon written re	equest of its staff, th	e inform	ation furnished by
	Print or Type) ase, Inc.		· · ·	Show	10-0	४-०४
	Signer (Print or Type) trisower	Title of Signer (Pri	n of Type)	Show	ver	/
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			77	77		
						•
	Attention					
	Intentional misstatements or omissions of fact const	ituta fadaral orimina	l violations (Caa 18 11 C C 100	1.)	