Notice of Exempt
Offering of Securities

#### U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001, Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) None Ring Revenue, LLC Corporation **Limited Partnership** Jurisdiction of Incorporation/Organization **(•) Limited Liability Company |California General Partnership Business Trust** Year of Incorporation/Organization (Select one) Other (Specify) ( Within Last Five Years Over Five Years Ago Yet to Be Formed 2007 (specify year) (If more than one issuer is filing this notice, check this box 🔲 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 1 Street Address 2 125 E. De La Guerra St., Ste. 204 City State/Province/Country Phone No. ZIP/Postal Code Santa Barbara CA 805-722-2550 93101 **Item 3. Related Persons** Last Name Middle Name First Name Spievak Jason Street Address 1 Street Address 2 125 E. De La Guerra St, Ste. 204 State/Province/Country City ZIP/Postal Code CA 93101 Santa Barbara X Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) (Identify additional related persons by checking this box | and attaching Item 3 Continuation Page(s).) Item 4. Industry Group (Select one) Agriculture Business Services Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential Insurance **Energy Conservation** Other Real Estate Coal Mining Investing Retailing Investment Banking **Environmental Services** Restaurants Pooled Investment Fund Oil & Gas Technology If selecting this industry group, also select one fund Other Energy Computers type below and answer the question below: Health Care Telecommunications Hedge Fund Biotechnology ()Other Technology ◉ **Private Equity Fund** Health Insurance Venture Capital Fund Travel Hospitals & Physcians Airlines & Airports 0 Other Investment Fund **Pharmaceuticals Lodging & Conventions** Is the issuer registered as an investment Other Health Care company under the Investment Company **Tourism & Travel Services** Manufacturing Act of 1940? Yes

**Real Estate** 

Commercial

Other Banking & Financial Services

Other Travel

Other

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Revenue Range (for issuer not specifying "hedg or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in item 4 above)
O No Revenues	OR	No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000	,	Over \$100,000,000
<ul> <li>Decline to Disclose</li> </ul>		Decline to Disclose
Not Applicable		O Not Applicable
Item 6. Federal Exemptions and Exclusions	Claimed (Se	lect all that apply)
	Investment Com	pany Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(	
Rule 504(b)(1)(i)	Section 3(	c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(	c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(	c)(4) Section 3(c)(12)
Rule 505	Section 3	c)(5) Section 3(c)(13)
Rule 506 Securities Act Section 4(6)	Section 3(	c)(6) Section 3(c)(14)
Securities Act Section 4(0)	Section 3(	c)(7)
Item 7. Type of Filing		
New Notice OR	nent	
Date of First Sale in this Offering: 9/30/08	OR 🗆	First Sale Yet to Occur
Item 8. Duration of Offering		
Does the issuer intend this offering to last more th	nan one year?	Yes No
Item 9. Type(s) of Securities Offered (Sele	ct all that app	ly)
Equity	Poolec	Investment Fund Interests
<b>⊠</b> Debt	☐ Tenan	t-in-Common Securities
Option, Warrant or Other Right to Acquire	Minera	al Property Securities
Another Security	○ Other (	(Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Secured Co	onvertible Promissory Notes
Item 10. Business Combination Transaction		
Is this offering being made in connection with a but transaction, such as a merger, acquisition or exchange		on Yes X No
	-	

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Washington, DC 20549

item 11. Minimum Investment			
Minimum investment accepted from any outside	de investor \$ NA		
Item 12. Sales Compensation			
Recipient	Recipie	nt CRD Number	
			☐ No CRD Number
(Associated) Broker or Dealer None	(Associa	ited) Broker or Dealer CRD N	umber
			☐ No CRD Number
Street Address 1	Street Ac	dress 2	
,			
City	State/Province/Country	ZIP/Postal Code	
States of Solicitation All States			
		DE DC FL	∏GA ∏HI ∏ID
IL IN IA KS	Y LA ME	MD MA MI	MN MS MO
	J NM NY X	NC ND OH	OK OR PA
RI SC SD TN 1		] VA	☐ WI ☐ WY ☐ PR hing Item 12 Continuation Page(s)
Item 13. Offering and Sales Amounts			ming them 12 continuation ( age(s)
¢			·
(a) Total Offering Amount \$ 1,00	0,000	OR	☐ Indefinite
(b) Total Amount Sold \$ 750,	000		•
(c) Total Remaining to be Sold (Subtract (a) from (b))	000	OR	☐ Indefinite
Clarification of Response (if Necessary)			
Item 14. Investors			
Check this box if securities in the offering ha	re been or may be sold to per	sons who do not qualify as a	ccredited investors, and enter the
number of such non-accredited investors who a	ready have invested in the of	rering:	
Enter the total number of investors who already	have invested in the offering	:	
Item 15. Sales Commissions and Fin	ders' Fees Expenses		
Provide separately the amounts of sales commis check the box next to the amount.	sions and finders' fees expen	ses, if any. If an amount is n	ot known, provide an estimate and
***	Sales Com	missions \$	Estimate
Clarification of Response (if Necessary)	Finde	ers' Fees \$	Estimate

number.

## U.S. Securities and Exchange Commission

Washington, DC 20549

tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been used for payments to any of the persons required to be named a directors or promoters in response to Item 3 above. If the amount is estimate and check the box next to the amount.	as executive officers, \$ None
Clarification of Response (if Necessary)	
Proceeds will be used as working capital	
Signature and Submission	
Please verify the information you have entered and review t	the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	ch identified issuer is:
Irrevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of process, and agreeing that these persons may accept service such service may be made by registered or certified mail, if against the issuer in any place subject to the jurisdiction of activity in connection with the offering of securities that is provisions of: (i) the Securities Act of 1933, the Securities EC Company Act of 1940, or the Investment Advisers Act of 1950 State in which the issuer maintains its principal place of be Certifying that, if the issuer is claiming a Rule 505 the reasons stated in Rule 505(b)(2)(iii).  This undertaking does not affect any limits Section 102(a) of the 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to "covered securities" for purposes of NSMIA, whether in all instance routinely require offering materials under this undertaking or other securities.	che SEC and the Securities Administrator or other legally designated officer of of business and any State in which this notice is filed, as its agents for service of vice on its behalf, of any notice, process or pleading, and further agreeing that in any Federal or state action, administrative proceeding, or arbitration brought of the United States, if the action, proceeding or arbitration (a) arises out of any is the subject of this notice, and (b) is founded, directly or indirectly, upon the exchange Act of 1934, the Trust Indenture Act of 1939, the Investment 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the susiness or any State in which this notice is filed.  Sexemption, the issuer is not disqualified from relying on Rule 505 for one of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, or require information. As a result, if the securities that are the subject of this Form D are used or due to the nature of the offering that is the subject of this Form D, States cannot therwise and can require offering materials only to the extent NSMIA permits them to do
undersigned duly authorized person. (Check this box	tents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
in Item 1 above but not represented by signer below.)	<del>-</del>
Issuer(s)	Name of Signer
Ring Revenue, LLC	Jason Spievak
Signature	Title
Xa-Sinde	Manager
O ' I	Date
Number of continuation pages attached:	12/2/08
Persons who respond to the collection of information contained	d in this form are not required to respond unless the form displays a currently valid OMB

Form D 4

### U.S. Securities and Exchange Commission

Washington, DC 20549

### **Item 3 Continuation Page**

ast Name	First Name		Middle Name
Duva	Robert		
treet Address 1		Street Address 2	
25 E. De La Guerra Street, Suite 204			
lity	State/Province/Country	ZIP/Postal Code	
anta Barbara	CA	93101	
lelationship(s): 💢 Executive Office	Director Promoter		
Clarification of Response (if Necessary)			
liamication of Response (in Recessary)			
	<del></del>		
Last Name	First Name		Middle Name
Street Address 1	· · · · · · · · · · · · · · · · · · ·	Street Address 2	
lity	State/Province/Country	ZIP/Postal Code	
Relationship(s): Executive Office	Director Promoter		
Tarification of Response (if Necessary)			
Clarification of Response (if Necessary)			
Clarification of Response (if Necessary)			
Clarification of Response (if Necessary)  Last Name	First Name		
	First Name		Middle Name
	First Name	Street Address 2	Middle Name
Last Name	First Name	Street Address 2	Middle Name
Last Name	First Name  State/Province/Country	Street Address 2  ZIP/Postal Code	Middle Name
Last Name Street Address 1			Middle Name
Last Name Street Address 1	State/Province/Country		Middle Name
Last Name  Street Address 1  City  Relationship(s): Executive Office	State/Province/Country		Middle Name
Last Name Street Address 1	State/Province/Country		Middle Name
Last Name  Street Address 1  City  Relationship(s): Executive Office	State/Province/Country		Middle Name
Last Name  Street Address 1  City  Relationship(s): Executive Office	State/Province/Country		Middle Name  Middle Name
Last Name  Street Address 1  Sity  Relationship(s): Executive Officer  Clarification of Response (if Necessary)	State/Province/Country  Director Promoter		
Last Name  Street Address 1  Sity  Relationship(s): Executive Officer  Clarification of Response (if Necessary)	State/Province/Country  Director Promoter		
Last Name  Street Address 1  City  Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name	State/Province/Country  Director Promoter	ZIP/Postal Code	
Last Name  Street Address 1  City  Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name	State/Province/Country  Director Promoter	ZIP/Postal Code	
Last Name  City  Clelationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name	State/Province/Country  Director Promoter  First Name	ZIP/Postal Code  Street Address 2	
Last Name  Street Address 1  City  Relationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name  Street Address 1	State/Province/Country  Director Promoter  First Name  State/Province/Country	ZIP/Postal Code  Street Address 2	
Last Name  City  Clelationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name	State/Province/Country  Director Promoter  First Name  State/Province/Country	ZIP/Postal Code  Street Address 2	