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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPT

1440531

OMBAPPROVAL

OMB Number: 3235-0076 Expires: December 31, 2008

Estimated average burden hours per response. . . . . . 4.00



	FORM LIMITED OFFERING EXEMI	TION 08067794
Name of Offering ( check if this is an Class A & E		
Filing Under (Check box(cs) that apply):  Type of Filing:   **New Filing** American	Rule 504 Rule 505 Rule 506 Section	1 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
t finter the information requested about to	ne issuer	
Name of Issuer ( check if this is an amenda Axia Financial, LLC	ment and name has changed, and indicate change.)	•
Address of Executive Offices 130 Andover Park E., Su	(Number and Street, City, State, Zip Code) ite 205, Tukwila, WA 98188	Telephone Number (Including Area Cude) 206-244-0303
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)  PROCESS
Brief Description of Business		
Mortgage brokerage for	residential loans	JAN 02 200
	nited partnership, already formed Other (pl	ease specify): ed Liability Company
CFR 239,500) only to issuers that file with all notice in paper format on or after September initial notice using Form D (17 CFR 239,500) comply with all the requirements of § 230.50 Federal:  Who Must File: All issuers making an offering seq. or 15 U.S.C. 77d(6).  When To File: A notice must be filed no later Securities and Exchange Commission (SEC) on address after the date on which it is due, on the Where To File: U.S. Securities and Exchange Copies of this notice must be a photocopy of the manually signed conformation Required: A new filing must continuous difformation Required: A new filing must continuous to the securities and Exchange Company of the manually signed conformation Required: A new filing must continuous to the securities and Exchange Company of the manually signed of the ma	than 15 days after the first sale of securities in the off the earlier of the date it is received by the SEC at the e date it was mailed by United States registered or cert Commission. 100 F Street, N.E., Washington, D.C. 205 must be filed with the SEC, one of which must be mi- opy or bear typed or printed signatures. ain all information requested. Amendments need only a in Part C, and any material changes from the informa-	R 239.500T) or an amendment to such a d, an issuer also may file in paper format an Form D (17 CFR 239.500) and otherwise ation D or Section 4(6), 17 CFR 230.501 et Tering. A notice is deemed filed with the U.S. address given below or, if received at that iffed mail to that address.  49. smually signed. The copy not manually signed report the name of the issuer and offering.

SEC 1972 (9-08)

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.

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A. BASIC IDENTIFICATION DATA	<u>- ا</u> د امر زادی	<u> ਦੀ ਹਿਰਦੀ ਗਿਲਾਈ</u> ਤੋਂ ਤੋਂ
2 Enter the information requested for the following:		
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>		
<ul> <li>Hach beneficial owner having the power to vote or dispose, or direct the vote or disposition o</li> </ul>	f, 10% or more	of a class of equity securities of the issue
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and mana</li> </ul>	iging partners o	f partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply: Promoter M Beneficial Owner M Executive Officer Dornay, Gellert	Director	General and/or     Managing Partner
Full Name (Last name first, if individual)  130 Andover Park E., Suite 205, Tukwila, WA 98188		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Naff, Theodore S.	Director	General and/or Managing Partner
Full Name (Last name first, if individual) 130 Andover Park E., Suite 205, Tukwila, WA 98188		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Duffy, William	Director	General and/or Managing Partner
Full Name (Last name first, if individual) 130 Andover Park E., Suite 205, Tukwila, WA 98188		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(cs) 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)		
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
Pult Name (Last name first, if individual)		<del>_</del>
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this she	et, as necessar	ry)

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2.	wnat ii	s the minir	num invest	meni (nat	WIII DE ACC	ebied Itom	any indivi	dua! /					
3.	Does t	ne offering	permit joi	nı ownersh	ip of a sin	gle unit?	*************	••••••				Yes 🔣	N°
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	Name ( N/A	l.ast name	first, if inc	dividual)									
Busi	ness or	Residence	Address (	Number an	d Street, C	ity, State,	Zip Code)						
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Full	Name (	Last name	first, if ind	lividual)									
Busi	ness or	Residence	Address (	Number ar	nd Street. (	City, State,	Zip Code)						
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(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 Snid
	Debt	s	s
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests		
	Other (Specify LLC Units Class A and B		
	Total	•	
	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 of Purchases
	Accredited Investors	-	\$
	Non-accredited Investors		936,000
	Total (for filings under Rule 504 only)		s 936,000
	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	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		s
	Rule 504		s
	Total		s 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		s
	Printing and Engraving Costs		s
	Logal Fees		<u>\$_0.00</u> _
	Accounting Fees		s
	Engineering Fees	_	s
	Sales Commissions (specify finders' fees separately)	_	s
	Other Expenses (identify)	_	s
	<del></del>	_	
	Total		s_0.00

	b. Enter the difference between the aggregate o and total expenses furnished in response to Part C proceeds to the issuer."		ed gross	<u>\$3,000,000</u>
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount fo check the box to the left of the estimate. The total proceeds to the issuer set forth in response to	r any purpose is not known, furnish an estim al of the payments listed must equal the adjuste	ate and	
			Payments to Officers, Directors, & Affiliates	Others
	Salaries and fees		S	
	Purchase of real estate			
	Purchase, rental or leasing and installation of a			m s
	and equipment			<del>_</del>
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	value of securities involved in this assets or securities of another	_	
			<del></del>	<del></del>
	Repayment of indebtedness		<del></del> -	
	Working capital Other (specify):			
				- <del></del> -
			🔲 <b>s</b>	
	Column Totals		S	s_3,000,000
	Total Payments Listed (column totals added)		s <u>3</u>	<u>,000,00</u> 0
		D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by ature constitutes an undertaking by the issuer to information furnished by the issuer to any non-	the undersigned duly authorized person. If thi furnish to the U.S. Securities and Exchange C	s notice is filed under Ru Commission, upon writte	ile 505, the following
ssu	er (Print or Type)	Signature	Date	
A	xia Financial, LLC		12-10-	08
Van	ne of Signer (Print or Type)	Title of Signer (Print or Type)		

## ATTENTION

	; 	म्हरूत् E. STATESIGNATURE तेत्रुभागात्रुक्ता । अनुस्कृति के स्ट्रीट के विकास के कुछ । वा का स्ट्रीट
l.		presently subject to any of the disqualification Yes No
	S	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as requ	to furnish to any state administrator of any state in which this notice is filed a notice on Form irred by state law.
3.	The undersigned issuer hereby undertakes issuer to offerees.	s to furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the	e issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform c state in which this notice is filed and understands that the issuer claiming the availability lishing that these conditions have been satisfied.
	uer has read this notification and knows the co thorized person.	ontents to be true and has duly caused this notice to be signed on its behalf by the undersigned
-	Print or Type) a Financial, LLC	Signature   Date   12-10-08
Name (	Print or Type)	Title (Print of Type)

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.

1		2	3		4						
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell and aggregate offering price investors in State	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		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		2 3  Type of security and aggregate offering price vestors in State offered in state	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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i	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		5 Discussification				
			Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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