FORM D

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

1367726 OMB APPROVAL

OMB Number: 3235 0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

09002242

| Name of Issuer Arcxis Biotechnologies Jurisdiction of Incorporation/Organization Year of Incorporation/Organization Steet and one Issuer is filling 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 City State/Province/Country Pleasanton Last Name First Name Middle Name Meda Christine Street Address 1 Street Address 2 G920 Koll Center Parkway, Suite 215 City State/Province/Country Comparation Street Address 2 G920 Koll Center Parkway, Suite 215 City State/Province/Country Corporation Christine Street Address 2 G920 Koll Center Parkway, Suite 215 City State/Province/Country Comparation Street Address 2 Street Address 2 G920 Koll Center Parkway, Suite 235C City State/Province/Country Comparation Comparation Comparation Comparation Contact Information Street Address 2 Street Address 2 G920 Koll Center Parkway, Suite 235C City State/Province/Country Comparation Comparation Comparation Comparation Comparation Contact Information Street Address 2 G920 Koll Center Parkway, Suite 235C City State/Province/Country Comparation Comparation Comparation Comparation Comparation Contact Information Comparation Comparation Comparation Contact Information Comparation Contact Information Comparation Comparation Contact Information Comparation Contact Information Comparation Contact Information Comparation Contact Information Contact |
|--|
| Arcxis Biotechnologies Jurisdiction of Incorporation/Organization Year of Incorporation/Organization Select one Over Five Years Ago Within Last Five Years (specify year) Item 2. Principal Place of Business and Contact Information Street Address 1 City State/Province/Country Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify Year Other (Specify Thousann Related Persons) Street Address 2 Street Address 2 6920 Koll Center Parkway, Suite 215 City State/Province/Country Eirst Name Meda Christine Street Address 1 Street Address 2 G920 Koll Center Parkway, Suite 215 City State/Province/Country Street Address 2 G920 Koll Center Parkway, Suite 2566 Street Address 1 Street Address 2 G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Street Address 2 G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Street Address 2 G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Street Address 2 G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Street Address 2 G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Street Address 2 G920 Koll Center Parkway, Suite 2556 State/Province/Country ZIP/Postal Code State/Province/Country Att Address 1 JAN 2 1 2009 |
| Vear of Incorporation/Organization Select one (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 G920 Koll Center Parkway, Suite 215 City State/Province/Country Zip/Postal Code Phone No. Pleasanton Last Name First Name Middle Name Meda Christine Street Address 1 Street Address 2 G920 Koll Center Parkway, Suite 235 City State/Province/Country Zip/Postal Code Phone No. Pleasanton Local Center Parkway, Suite 235 Street Address 2 Colo Arcxis Biotechnologies City State/Province/Country Zip/Postal Code Phone No. Street Address 1 Street Address 2 Colo Arcxis Biotechnologies City State/Province/Country Zip/Postal Code Widti Processing: State/Province/Country Zip/Postal Code Section Pleasanton Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) |
| Year of Incorporation/Organization (Select one (Over Five Years Ago (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 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code A. Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Widii Processing: City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 JAN 2 1 2009 Clarification of Response (if Necessary) |
| Vear of Incorporation/Organization Select one Over Five Years Ago Within Last Five Years 2004 Other (Specify |
| Vear of Incorporation/Organization (Select one (Sover Five Years Ago Within Last Five Years (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 G920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Widdle Name Meda Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Widdle Processing: G920 Koll Center Parkway, Suite 2556 City State/Province/Country ZIP/Postal Code Widdle Processing: Section Pleasanton CA JAN 2 1 2000 Clarification of Response (if Necessary) |
| (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 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Gego Koll Center Parkway, Suite 235C City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 JAN 2 1 7000 Clarification of Response (if Necessary) |
| (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 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Gego Koll Center Parkway, Suite 235C City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 JAN 2 1 7000 Clarification of Response (if Necessary) |
| Street Address 1 Street Address 2 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Phone No. 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name A. Street Address 2 6920 Koll Center Parkway, Suite 2356 City State/Province/Country ZIP/Postal Code Section Pleasanton Relationship(s): |
| Street Address 1 Street Address 2 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country ZIP/Postal Code Phone No. Street Address 2 6920 Koll Center Parkway, Suite 2356 City State/Province/Country ZIP/Postal Code Section Pleasanton Relationship(s): |
| Street Address 2 6920 Koll Center Parkway, Suite 215 City State/Province/Country ZIP/Postal Code Phone No. Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name Meda Christine Street Address 1 Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country CA State/Province/Country Pleasanton CA 94566 94566 Relationship(s): |
| City State/Province/Country ZIP/Postal Code Phone No. Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name A. Street Address 1 Street Address 2 C/O Arcxis Biotechnologies Gity State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 JAN 2 1 2009 Clarification of Response (if Necessary) |
| City State/Province/Country ZIP/Postal Code Phone No. Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Middle Name A. Street Address 1 Street Address 2 C/O Arcxis Biotechnologies Gity State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 JAN 2 1 2009 Clarification of Response (if Necessary) |
| Pleasanton CA 94566 925-461-1300 Item 3. Related Persons Last Name First Name Meda Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): First Name Middle Name A. Street Address 2 6920 Koll Center Parkway, Suite 2356 Waii Processing Section JAN 2 1 2009 Clarification of Response (if Necessary) |
| Last Name First Name Meda Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) First Name Middle Name A. Street Address 2 6920 Koll Center Parkway, Suite 235C ZIP/Postal Code Section JAN 2 1 2009 |
| Last Name First Name Middle Name Middle Name Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): Executive Officer Director Promoter Middle Name A. Street Address 2 6920 Koll Center Parkway, Suite 2356 ZIP/Postal Code Section JAN 2 1 2009 Clarification of Response (if Necessary) |
| Meda Christine Street Address 1 C/O Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): Executive Officer Christine Street Address 2 6920 Koll Center Parkway, Suite 235C ZIP/Postal Code Section JAN 2 1 2009 Clarification of Response (if Necessary) |
| Street Address 2 C/O Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): |
| Street Address 2 C/o Arcxis Biotechnologies City State/Province/Country Pleasanton Relationship(s): |
| City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 Relationship(s): Executive Officer Director Promoter |
| City State/Province/Country ZIP/Postal Code Section Pleasanton CA 94566 Relationship(s): Executive Officer Director Promoter |
| Pleasanton Relationship(s): |
| Relationship(s): |
| Clarification of Response (if Necessary) |
| |
| |
| الافعانات الفعانات ا (Identify additional related persons by checking this box |
| 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 Residential |
| () Investing () Coal Mining () Other Real Estate |
| Investment Banking Environmental Services Retailing |
| Pooled Investment Fund Oil & Gas Restaurants |
| If selecting this industry group, also select one fund Other Energy Technology |
| type below and answer the question below: Health Care Computers Library Marie 1 (1985) |
| Hedge Fund Biotechnology Other Technology |
| Health Insurance |
| Other Investment Fund Hospitals & Physicians Travel Airlines & Airports |
| Pharmaceuticals |
| |
| Is the issuer registered as an investment Company Other Health Care |
| The state of the s |

FORM D

U.S. Securities and Exchange Commission-Washington, DC 20549

| ltem 5. Issu | ier Size | (Select one) |
|--------------|----------|--------------|
|--------------|----------|--------------|

| Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above) | Aggregate Net Asset Value Range (for Issuer specifying "hedge" or "other investment" fund in |
|--|--|
| No Revenues | OR (1tem 4 above) (No Aggregate Net Asset Value |
| S1 - \$1,000,000 | () \$1 - \$5,000,000 |
| S1,000,001 - \$5,000,000 | (**) \$5,000,000 (**) \$25,000,000 |
| \$5,000,001 - \$25,000,000 | S25,000,001 - \$50,000,000 |
| \$25,000,001 - \$100,000,000 | () \$50,000,001 - \$100,000,000 |
| Over \$100,000,000 | (¯) Over \$100,000,000 |
| Decline to Disclose | Decline to Disclose |
| Not Applicable | () Not Applicable |
| Item 6. Federal Exemptions and Exclusions Clai | med (Select all that apply) |
| In | vestment Company Act Section 3(c) |
| Rule 504(b)(1) (not (i), (ii) or (iii)) | Section 3(c)(1) Section 3(c)(9) |
| 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) |
| Rule 505 | Section 3(c)(5) Section 3(c)(13) |
| Rule 506 | Section 3(c)(6) Section 3(c)(14) |
| Securities Act Section 4(6) | Section 3(c)(7) |
| Item 7. Type of Filing | |
| New Notice OR | l . |
| Date of First Sale in this Offering: 01/09/2009 | OR First Sale Yet to Occur |
| | |
| Item 8. Duration of Offering | |
| Does the issuer intend this offering to last more than | one year? Yes 7 No |
| Item 9. Type(s) of Securities Offered (Select a | all that apply) |
| ☑ Equity | Pooled Investment Fund Interests |
| Debt | ☐ Tenant-in-Common Securities |
| O STATE WAS A COLOR OF THE COLOR | Mineral Property Securities |
| Option, Warrant or Other Right to Acquire Another Security | Other (Describe) |
| Security to be Acquired Upon Exercise of Option. Warrant or Other Right to Acquire Security | |
| Item 10. Business Combination Transaction | |
| Is this offering being made in connection with a busine transaction, such as a merger, acquisition or exchange offer | |
| Clarification of Response (if Necessary) | • |
| | |
| | <u> </u> |

U.S. Securities and Exchange Commission Washington, DC 20549

| Item 11. Minimum Investment | | | | ··· |
|---|--------------------------------|--------------------------------|-------------|---|
| Minimum investment accepted from a | any outside investor \$ | N/A | | |
| Item 12. Sales Compensation | | | | |
| Recipient | | Recipient CRD Number | | |
| N/A | | N/A | | No CRD Number |
| (Associated) Broker or Dealer | None | (Associated) Broker or Dea | aler CRD Nu | mber |
| N/A | | N/A | | ☐ No CRD Number |
| Street Address 1 | | Street Address 2 | | |
| N/A | | N/A | | |
| City | State/Province | | de | |
| N/A | N/A | N/A | | |
| States of Solicitation All States AL AK AZ AR IL IN IA KS MT NE NV NH RI SC SD TN (Identify additional persons) Item 13. Offering and Sales A | | CT | FL MI OH WV | GA HI DO MN MS MO OK OR PA WI WY PR Aing Item 12 Continuation Pagets |
| item 15. Offering and Sales A | niounts | | | |
| (a) Total Offering Amount | \$ 4,000,000 | | OR | ☐ Indefinite |
| b) Total Amount Sold | s 2,700,000 | | | |
| (c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (il Necessary) | \$ [1,300,000 | | OR | SEC Majil _i Rrefréssinc Section |
| | | | | JAN 2 1 2009 |
| Item 14. Investors | | | 'Ay | ashington, DC |
| Check this box if securities in the of number of such non-accredited investi | | | | ** .a 1 |
| Enter the total number of investors wi | no already have invested in th | he offering: 5 | | |
| Item 15. Sales Commissions a | and Finders' Fees Ex | penses | | |
| Provide separately the amounts of sale check, the box next to the amount. | es commissions and finders' f | ees expenses, if any. If an ar | nount is no | it known, provide an estimate ar |
| | ! | Sales Commissions S N/A | | Estimate |
| Clarification of Response (if Necessary) | | Finders' Fees S N/A | | Estimate |
| | | | | |

FORM D

number.

U.S. Securities and Exchange Commission

Washington, DC 20549

| for payments to any of the persons required to be named as tors or promoters in response to Item 3 above. If the amount is untate and check the box next to the amount. | er is proposed to be executive officers, sknown, provide an |
|---|--|
| Clarification of Response (if Necessary) | · |
| | |
| nature and Submission | |
| lease verify the information you have entered and review the | e Terms of Submission below before signing and submitting this notice. |
| Terms of Submission. In Submitting this notice, each | identified issuer is: |
| process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in a against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exc Company Act of 1940, or the Investment Advisers Act of 194 State in which the issuer maintains its principal place of busing Certifying that, if the issuer is claiming a Rule 505 ethe reasons stated in Rule 505(b)(2)(iii). | exemption, the issuer is not disqualified from relying on Rule 505 for one of Rule 505 |
| | nuire information. As a result, if the securities that are the subject of this Form D are |
| 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. | s or due to the nature of the offering that is the subject of this Form D. States cannot twise and can require offering materials only to the extent NSMIA permits them to do |
| 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the content. | s or due to the nature of the offering that is the subject of this Form D. States cannot |
| 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contenundersigned duly authorized person. (Check this box a | i or due to the nature of the offering that is the subject of this Form D. States cannot twise and can require offering materials only to the extent NSMIA permits them to do a little of the cannot be supported by the little true, and has duly caused this notice to be signed on its behalf by the |
| 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contenundersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.) | is or due to the nature of the offering that is the subject of this Form D. States cannot twise and can require offering materials only to the extent NSMIA permits them to do sits to be true, and has duly caused this notice to be signed on its behalf by the nd attach Signature Continuation Pages for signatures of issuers identified. |
| 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contenundersigned duly authorized person. (Check this box an in Item 1 above but not represented by signer below.) Issuer(s) | sor due to the nature of the offering that is the subject of this Form D. States cannot have and can require offering materials only to the extent NSMIA permits them to do not state to be true, and has duly caused this notice to be signed on its behalf by the not attach Signature Continuation Pages for signatures of issuers identified Name of Signer |
| 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the content undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.) Issuer(s) Arcxis Biotechnologies | s or due to the nature of the offering that is the subject of this Form D. States cannot have and can require offering materials only to the extent NSMIA permits them to do not state to be true, and has duly caused this notice to be signed on its behalf by the not attach Signature Continuation Pages for signatures of issuers identified Name of Signer Matthew B. Hemington |
| 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the content undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.) Issuer(s) Arcxis Biotechnologies | sor due to the nature of the offering that is the subject of this Form D. States cannot have and can require offering materials only to the extent NSMIA permits them to do not set to be true, and has duly caused this notice to be signed on its behalf by the notation Signature Continuation Pages for signatures of issuers identified Name of Signer Matthew B. Hemington Title |

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Goldstein Howard D. Street Address 1 Street Address 2 6920 Koll Center Parkway, Suite 215 c/o Arcxis Biotechnologies State/Province/Country ZIP/Postal Code CA 94566 Pleasanton Executive Officer Director Relationship(s): Clarification of Response (if Necessary) Middle Name First Name West Jason A.A. Street Address 2 Street Address 1 c/o Arcxis Biotechnologies 6920 Koll Center Parkway, Suite 215 State/Province/Country ZIP/Postal Code CA 94566 Pleasanton Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Steuart John Street Address 2 Street Address 1 300 Ogawa Place, Suite 350 c/o Claremont Creek Partners City State/Province/Country ZIP/Postal Code CA Oakland 94612 Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name First Name Middle Name Grant Christopher M. Street Address 2 Street Address 1 One Kaiser Plaza, 22nd Floor c/o Kaiser Permanente Ventures State/Province/Country ZIP/Postal Code City CA Oakland 94612 Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)

Form D 9

