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: February 28, 2009 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 Entity Type (Select one) Name of Issuer X None Previous Name(s) Corporation Alexander's Aesthetics Inc. **Limited Partnership** Jurisdiction of Incorporation/Organization **Limited Liability Company** California General Partnership **Business Trust** Year of Incorporation/Organization Other (Specify) (Select one) Over Five Years Ago Within Last Five Years Yet to Be Formed 2009 (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 2 Street Address 1 1675 Rollins Road, Suite D ZIP/Postal Code Phone No. State/Province/Country City 650-692-3892 94010 CA Burlingame Item 3. Related Persons Middle Name First Name Last Name M. Moli Processing Cecelia Michael Street Address 2 Street Address 1 1675 Rollins Road, Suite D ZIP/Postal Code State/Province/Country City 94010 Washington, DC CA Burlingame X Executive Officer X Director Promoter Relationship(s): Clarification of Response (if Necessary) (Identify additional related persons by checking this box $oxed{X}$ and attaching Item 3 Continuation Page(s).) Item 4. Industry Group **Business Services** Construction Agriculture **REITS & Finance** Banking and Financial Services Energy **Electric Utilities** Commercial Banking Residential **Energy Conservation** Insurance Other Real Estate **Coal Mining** Investing Retailing **Environmental Services** Investment Banking Restaurants Pooled Investment Fund Oil & Gas Technology Other Energy If selecting this industry group, also select one fund Computers type below and answer the question below: **Health Care** Telecommunications O Hedge Fund Biotechnology Other Technology **Private Equity Fund** Health Insurance Travel Venture Capital Fund Hospitals & Physcians **Airlines & Airports**

Pharmaceuticals

Manufacturing

Commercial

Real Estate

Other Health Care

Lodging & Conventions

Other Travel

Tourism & Travel Services

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Other Investment Fund

Act of 1940? Yes

Other Banking & Financial Services

Is the issuer registered as an investment

company under the Investment Company

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Revenue Range (for issuer not specifying "hedge" or "other investment" fund in item 4 above)	specifying "hedge" or "other investment" fund in				
O No Bourseyes	OR Item 4 above No Aggregate Net Asset Value				
No Revenues \$1 - \$1,000,000					
0	\$1 - \$5,000,000 \$5,000,001 - \$25,000,000				
\$1,000,001 - \$5,000,000	<u> </u>				
\$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				
Decline to Disclose	Decline to Disclose				
Not Applicable	Not Applicable				
tem 6. Federal Exemptions and Exclusions Cl	aimed (Select all that apply)				
	Investment 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) Section 3(c)(12)				
Rule 505	Section 3(c)(5) Section 3(c)(13)				
	Section 3(c)(6) Section 3(c)(14)				
Securities Act Section 4(6)	Section 3(c)(7)				
tem 7. Type of Filing					
New Notice OR Amendme	ent				
Date of First Sale in this Offering:	OR First Sale Yet to Occur				
	, on				
tem 8. Duration of Offering					
Does the issuer intend this offering to last more tha	an one year? Yes 🔀 No				
tem 9. Type(s) of Securities Offered (Selec	t all that apply)				
	Pooled Investment Fund Interests				
	Tenant-in-Common Securities				
	Mineral Property Securities				
	Other (Describe)				
Option, Warrant or Other Right to Acquire Another Security					
Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security					
Another Security Security to be Acquired Upon Exercise of Option,					

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Item 11. Minimum Investment				<u></u>	
Minimum investment accepted from any	outside investor \$	0.00			
Item 12. Sales Compensation					
Recipient		Recipient CRD	Number		
				☐ No CRE) Number
(Associated) Broker or Dealer	Vone	(Associated) Br	oker or Dealer CRD Nu	ımber	
				No CRD	Number
Street Address 1		Street Address 2	2		
				<u>,</u>	
City	State/Province	/Country ZIF	P/Postal Code		
States of Solicitation All States AL AK AZ AR IL IN IA KS MT NE NV NH RI SC SD TN (Identify additional person	CA CO KY LA NJ NM TX UT n(s) being paid compensat	CT DE ME MD NY NC VT VA ion by checking t	DC FL MA MI ND OH WA WV this box and attac	GA HI MN MS OK OR WI WY hing Item 12 Continu	PA PR
			1		
(a) Total Offering Amount	\$ 130,000		OR	Indefinite	
(b) Total Amount Sold	\$ 130,000				
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ 0		OR	Indefinite	
Item 14. Investors					
Check this box if securities in the offenumber of such non-accredited investor	ering have been or may be s who already have investe	sold to persons v ed in the offering	who do not qualify as a :	ccredited investors,	and enter the
Enter the total number of investors who	already have invested in t	he offering:	2		
Item 15. Sales Commissions ar	d Finders' Fees Ex	penses			
Provide separately the amounts of sales check the box next to the amount.	commissions and finders'	fees expenses, if	any. If an amount is r	oot known, provide a	n estimate and
		Sales Commissio	ns \$ 0	Es	timate
Clarification of Response (if Necessary)		Finders' Fe	es \$ 0	Es	timate

Form D 3

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Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as exedirectors or promoters in response to Item 3 above. If the amount is unknown and check the box next to the amount.	ecutive officers,
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the Te	erms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	ntified issuer is:
the State in which the issuer maintains its principal place of bus process, and agreeing that these persons may accept service or such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the sprovisions of: (i) the Securities Act of 1933, the Securities Exchange Company Act of 1940, or the Investment Advisers Act of 1940, of State in which the issuer maintains its principal place of business.	C and the Securities Administrator or other legally designated officer of iness and any State in which this notice is filed, as its agents for service of a its behalf, of any notice, process or pleading, and further agreeing that Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the age Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the iss or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requir "covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwis so under NSMIA's preservation of their anti-fraud authority.	onal Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, e information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot e and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents tundersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	o be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Alexander's Aesthetics Inc.	Cecelia M. Michael
Signature)Title
(Leaglia M. Michin	Chief Executive Officer and President
	Date
Number of continuation pages attached:	Jeb 11, 2009

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 number.

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Item 3 Continuation Page

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Middle Name
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Middle Name
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Middle Name
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END