FORM D

PROCESSED

MAR 2 2003

THOMSON REUTERS

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

FORM D

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

| | 1444 | 25S |
|---|--------------------|-----------|
| | OMB APPROV | AL |
| | OMB Number: | 3235-0076 |
| l | Expires: | |
| | Estimated average | burden |
| | hours per response | 16.00 |

| SEC USE ONLY | | | | | |
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| Prefix | | Serial | | | |
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| Name of Offering (| |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | SEC Mail Processing Section |
| A. BASIC IDENTIFICATION DATA | FED 1.0 |
| 1. Enter the information requested about the issuer | LEA 1 A SARA |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Meep, Inc. | Washington, DC |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 201 Ada Avenue, #32, Mountain View, CA 94043 | (408) 513-5863 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Software Development | TERRITORIA DELLA CALLIFORNIA DELLA CONTROLO DELLA C |
| business trust limited partnership, to be formed | please specif 09003B41 |
| | mated e: [A] |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given twhich 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. 26 | 0549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures. | ly signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only represented, the information requested in Part C, and any material changes from the information previously support 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 ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall |
| ATTENTION — | |
| Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice. | |

A. BASIC IDENTIFICATION DATA 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. General and/or ■ Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Andrew Ow Business or Residence Address (Number and Street, City, State, Zip Code) 201 Ada Avenue, #32, Mountain View, CA 94043 Beneficial Owner Z Executive Officer General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Joey Liaw Business or Residence Address (Number and Street, City, State, Zip Code) 201 Ada Avenue, #32, Mountain View, CA 94043 Beneficial Owner General and/or Check Box(es) that Apply: Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Executive Officer General and/or Check Box(es) that Apply: ☐ Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director 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) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| | | | | B. IN | FORMATI | ON ABOU | r offeri | ΥG | | | | |
|---------------------------------|--|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | Yes | No ⊠ 000.00 | |
| 2. What is | | | | | | | | | | | | |
| | Does the offering permit joint ownership of a single unit? | | | | | | | | | Yes | No □ | |
| commis If a pers or state | 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 to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | |
| Full Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| N/A Business or | Dacidance | Address (N | lumber and | Street Ci | ty State 7 | in Code) | | | | | | - |
| N/A | Residence | Addiess (14 | difficer and | Sirect, Ci | ty, State, E | ip code) | | | | | | |
| Name of As | sociated Br | oker or Dea | aler | - | | | | | | | | |
| States in W | hich Person | Listed Has | Solicited | or Intends | to Solicit 1 | Purchasers | | <u> </u> | | | | |
| (Check | "All States | s" or check | individual | States) | | ••••• | | | •••• | | | States |
| AL. IL. MT. | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Full Name | | | | 1.64 | San San 1 | Zin Codo) | | | | | | |
| Business o | r Residence | : Address (I | Number an | d Street, C | ity, State, A | Zip Code) | | | | | | |
| Name of As | ssociated B | roker or De | aler | · | | | | | | | | |
| States in W | | n Listed Hass s" or check | | | | | | | | | Ai | l States |
| (Check | All State | S OF CHECK | martiada | | | | | | | | | |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Full Name | (Last name | first, if ind | ividual) | | - | | | | | | | |
| Business o | r Residence | e Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Name of A | ssociated B | roker or De | aler | _ | | | | | | | | |
| States in W | hich Person | n Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | · | | | | |
| (Check | c "All State | s" or check | individua | l States) | | •••••• | | ••••• | | | ☐ AI | 1 States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |

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 Sold |
| | Debt | s | _ | s |
| | Equity | | _ | <u>\$ 2,100.00</u> |
| | ✓ Common Preferred | | | 40.000.00 |
| | Convertible Securities (including warrants) | \$_12,900.00 | _ | 12,900.00 \$ |
| | Partnership Interests | \$ | _ | \$ |
| | Other (Specify) | | | \$ |
| | Total | \$ 15,000.00 | | \$ 15,000.00 |
| | 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." | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | | \$_15,000.00 |
| | Non-accredited Investors | | | \$ |
| | Total (for filings under Rule 504 only) | 0 | _ | \$ |
| | 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. | 3 | | |
| | Type of Offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | _ | <u>\$_0.00</u> |
| | Regulation A | | _ | \$_0.00 |
| | Rule 504 | | _ | §_0.00 |
| | Total | | _ | \$_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 | | | \$ |
| | Printing and Engraving Costs | [| | \$ |
| | Legal Fees | [| Z | § 750.00 |
| | Accounting Fees | | | \$ |
| | Engineering Fees | | | s |
| | Sales Commissions (specify finders' fees separately) | | | \$ |
| | Other Expenses (identify) | | | \$ |
| | Total | | Z | \$ 750.00 |
| | | | _ | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|-----|--|--|---|
| | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | \$ |
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | \$ | . 🗆 \$ |
| | Purchase of real estate | | . 🗆 \$ |
| | Purchase, rental or leasing and installation of machinery and equipment | s | |
| | Construction or leasing of plant buildings and facilities | | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | □\$ | _ 🗆 \$ |
| | Repayment of indebtedness | \$ | |
| | Working capital | | ☑ \$ 14,250.00 |
| | Other (specify): | \$ | - S |
| | | s | \$ |
| | Column Totals | \$ <u>0.00</u> | / \$ 14,250.00 |
| | Total Payments Listed (column totals added) | _ | 4,250.00 |
| Г | D. FEDERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commise information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of | ssion, upon writt | ule 505, the following en request of its staff |
| Iss | suer (Print or Type) Signature | Date | · · · · · · |
| | eep, Inc. | January 30, 20 | 09 |
| Na | ame of Signer (Print or Type) Title of Signer (Print or Type) | | |
| An | drew Ow Secretary and Chief Financial Officer | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|----|--|-----|---------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Meep, Inc. | Signature Date January 30, 2009 | |
|-----------------------------------|---------------------------------------|--|
| Name (Print or Type) | Title (Print or Type) | |
| Andrew Ow | Secretary and Chief Financial Officer | |

Instruction:

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.

| | | | | AP | PENDIX | | | | |
|-------|--------------------------------|--|--|--------------------------------------|-----------|---|----------|---|---|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 investor and rchased in State C-Item 2) | | 5 Disquali under Sta (if yes, explana waiver (Part E- | ification ite ULOE attach ition of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
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| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | 3 1 | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |

| APPENDIX | | | | | | | | | |
|----------|--|--|--|--------------------------------------|-----------|--|---------|--|----------|
| 1 | Intend to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 investor and rchased in State C-Item 2) | | Disqualificatio under State ULC (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 |
| МО | | | | | | | | | |
| МТ | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
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| UT | | | | | | | | | |
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| WA | | | 3 | | | | | | |
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| WI | | | | | | | | | |

| | | <u>.</u> | | APPI | ENDIX | | | - | | |
|-------|------------------------|---|--|--|--------|--|---------------------------|-----|----|--|
| 1 | 1 2 3 Type of security | | | | 4 | | | | | |
| ı | to non-a | I to sell accredited as in State a-Item 1) | and aggregate offering price offered in state (Part C-Item 1) | Type of investor and explan amount purchased in State (Part C-Item 2) (if yes, explan waiver | | | amount purchased in State | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| WY | | | | | | | | | | |
| PR | | | | | | | | | | |

