Section B.....

MAR 13 2009 926726

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Notice of Exempt Offering of Securities

FORM D

# U.S. Securities and Exchinance 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.

## Item 1. Issuer's Identity

Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Polar Bear Fund, L.P.		X None	
Jurisdiction of Incorporation/Organization			Limited Partnership
CA			Limited Liability Company
			General Partnership
Year of Incorporation/Organization (Select one)			Business Trust
Over Five Years Ago     Within Last Five Years     (specify year)	Yet	to Be Formed	
(If more than one issuer is filing this notice, check t	his box 🗌 and identify	additional issuer(s) by	at Photons Tand 2 Continuation Page(s).)
Item 2. Principal Place of Business and			MAR 2 7 2009
Street Address 1		Street Address 2	DEWTEDS
One Maritime Plaza, Suite 1555			THOMSON REUTERS
City Stat	e/Province/Country	ZIP/Postal Code	Phone No.
San Francisco CA		94111	(415) 765-5155
Item 3. Related Persons			
Last Name	First Name		Middle Name
Matthes Capital Management, LLC			
Street Address 1	J [	Street Address 2	
One Maritime Plaza, Suite 1555			
City State	/Province/Country	ZIP/Postal Code	i and a state of the state of t
San Francisco CA		94111	
Relationship(s): Executive Officer	rector 🔀 Promoter		09036761
Clarification of Response (if Necessary) General	Partner		
· · · · · · · · · · · · · · · · · · ·		by chacking this box	✓ and attaching Item 3 Continuation Page(s). )
Item 4. Industry Group (Select one)	mional related persons		and attaching item 5 Continuation Page(s). )
○ Agriculture	O Business	Services	
Banking and Financial Services	Energy	ic Utilities	REITS & Finance
	Ŷ	y Conservation	O Residential
Investing	<u> </u>	Vining	Other Real Estate
O Investment Banking	· · · · · · · · · · · · · · · · · · ·	onmental Services	O Retailing
<ul> <li>Pooled Investment Fund</li> </ul>		Gas	Restaurants
If selecting this industry group, also select one	fund Other	Energy	Computers
type below and answer the question below:	Health Ca	re	
Hedge Fund     Private Equity Fund	<u> </u>	chnology	O Other Technology
<ul> <li>Private Equity Fund</li> <li>Venture Capital Fund</li> </ul>	<u> </u>		
	<u> </u>	tals & Physcians	Travel Airlines & Airports
Is the issuer registered as an investment	Č al	aceuticals	Lodging & Conventions
company under the Investment Compan	v O	Health Care	Tourism & Travel Services
Act of 1940? () Yes () No	Manufaci		Other Travel
Other Banking & Financial Services			O Other

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Washington, DC 20549

# Item 5. Issuer Size (Select one)

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)
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>	<ul> <li>Decline to Disclose</li> </ul>
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions C	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)	
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
☐ Rule 505	□ Section 3(c)(5) □ Section 3(c)(13)
<b>X</b> Rule 506	Section 3(c)(6)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR   Amendme	ent
Date of First Sale in this Offering: 08/01/1994	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more that	in one year? X Yes No
Item 9. Type(s) of Securities Offered (Selec	t all that apply)
Item 9. Type(s) of Securities Offered       (Selection)         Equity       Equity	<b>t all that apply)</b> X         Pooled Investment Fund Interests
Equity	
Equity     Debt	Pooled Investment Fund Interests
Equity	<ul> <li>Pooled Investment Fund Interests</li> <li>Tenant-in-Common Securities</li> </ul>
Equity     Debt     Option, Warrant or Other Right to Acquire	<ul> <li>Pooled Investment Fund Interests</li> <li>Tenant-in-Common Securities</li> <li>Mineral Property Securities</li> </ul>
<ul> <li>Equity</li> <li>Debt</li> <li>Option, Warrant or Other Right to Acquire Another Security</li> <li>Security to be Acquired Upon Exercise of Option,</li> </ul>	<ul> <li>Pooled Investment Fund Interests</li> <li>Tenant-in-Common Securities</li> <li>Mineral Property Securities</li> <li>Other (Describe)</li> </ul>
<ul> <li>Equity</li> <li>Debt</li> <li>Option, Warrant or Other Right to Acquire Another Security</li> <li>Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security</li> </ul>	<ul> <li>Pooled Investment Fund Interests</li> <li>Tenant-in-Common Securities</li> <li>Mineral Property Securities</li> <li>Other (Describe)</li> <li>Limited partner interests</li> <li>iness combination Yes X No</li> </ul>
<ul> <li>Equity</li> <li>Debt</li> <li>Option, Warrant or Other Right to Acquire Another Security</li> <li>Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security</li> <li>Item 10. Business Combination Transaction Is this offering being made in connection with a business</li> </ul>	<ul> <li>Pooled Investment Fund Interests</li> <li>Tenant-in-Common Securities</li> <li>Mineral Property Securities</li> <li>Other (Describe)</li> <li>Limited partner interests</li> <li>iness combination Yes X No</li> </ul>

# FORM D

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

## Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 1,000,000.00

lecipient			Recipient CRD Number				
						- N	o CRD Number
ssociated) Broker or Dealer	None		(Associate	ed) Broker or D	ealer CRD Nu	mber	
							o CRD Number
treet Address 1			Street Add	ress 2			
ity	S	tate/Province	/Country	ZIP/Postal C	ode		
tates of Solicitation All State	s						
🗋 AL 🔄 AK 🔄 AZ 🔄 AF	1 CA	🗆 🚥 🗖	<b>σ</b> []	de 🗌 do	C _ FL		]HI □ID
🗌 IL 🔄 IN 🔄 IA 🔲 KS	5 🗌 КҮ			MD 🗌 MA			] MS 📋 MO
	International States of the St					□ок _	
		UT		VA 🗌 WA		WI	]WY 🗌 PR
(Identify additional pe	erson(s) being pai	id compensati	ion by check	king this box	and attack	ning Item 12 Co	ontinuation Page
tem 13. Offering and Sales A	Amounts						
(a) Total Offering Amount	\$ 200,000,0	00.00			OR	🔲 Indefini	te
(b) Total Amount Sold	\$ 87,919,00	00.00					
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$ 112,081,0	00.00			OR	🗌 Indefini	ite
Clarification of Response (if Necessary)	)						

### Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering:

Enter the total number of investors who already have invested in the offering:

## 89

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## Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

	Sales Commissions \$ 0.00	🔀 Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ 0.00	🔀 Estimate



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

Washington, DC 20549

#### Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

Clarification of Response (if Necessary)

None, although the general partner of the issuer receives investment management fees and a special profit allocation.

\$ 0.00

#### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.<sup>\*</sup>

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of</u> the reasons stated in Rule 505(b)(2)(iii).

<sup>\*</sup> This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

lssuer(s)	<u>.    </u>	Name of Signer	
Polar Bear Eund, L.P.		Andrew G. Matthes	
Signature	_	Title	
		President of Matthes Capital Management, Inc., the Manager of Matthes Capital Management, LLC, the General Partner	
- Jun p		Date	
Number of continuation pages attached:	1	<u>3 / //</u> /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.

**Estimate** 



Washington, DC 20549

## **Item 3 Continuation Page**

# Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name		
Matthes Capital Management, Inc.					
Street Address 1		Street Address 2	L		
One Maritime Plaza, Suite 1555					
City Sta	te/Province/Country	ZIP/Postal Code			
San Francisco CA		94111	,		
Relationship(s): Executive Officer	Director 🔀 Promoter				
Clarification of Response (if Necessary) Manag	ger of Matthes Capital	Management, LLC, General F	Partner		
Last Name	First Name		Middle Name		
Matthes	Andrew		G.		
Street Address 1		Street Address 2			
One Maritime Plaza, Suite 1555					
City Sta	te/Province/Country	ZIP/Postal Code			
San Francisco CA		94111			
Relationship(s): X Executive Officer	Director 🔀 Promoter				
Clarification of Response (if Necessary) Presic		Management Inc			
(interestorior nesponse (interessury) [inteste					
Last Name	First Name		Middle Name		
			·		
Street Address 1		Street Address 2			
City Sta	te/Province/Country	ZIP/Postal Code			
Relationship(s): Executive Officer Director Promoter					
Clarification of Response (if Necessary)					
Last Name	First Name		Middle Name		
[·····					
Street Address 1		Street Address 2			
City Sta		ZIP/Postal Code			
		L	ENID		
	Director Promoter				
Clarification of Response (if Necessary)					

(Copy and use additional copies of this page as necessary.) Form D 9