Notice of Exempt
Offering of Securities

Mashingon Do

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

176/02/

OMB APPROVAL

OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

em 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
Verba, Inc. Jurisdiction of Incorporation/Organization			Corporation Limited Partnership
MA			Limited Liability Compan General Partnership
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Ye	ars O Ye	et to Be Formed	Business Trust Other (Specify)
(specify year) If more than one issuer is filing this notice, che			ttaching Items 1 and 2 Continuation Page
tem 2. Principal Place of Business a Street Address 1	nd Contact Informat	Street Address 2	
	6,000		
City Mount Auburn	State/Province/Country	ZIP/Postal Code	Phone No.
Cambridge	MA	02/38	617-395-9052
em 3. Related Persons			
Last Name	First Name		Middle Name
Pearlman Street Address 1	Jared	Street Address 2	Jordan
67 Mount Auburn	STrect tate/Province/Country	ZIP/Postal Code	
cambridge.	MA Director □ Promoter	02138	
	Director Promoter	d Dispotos	09038914
	ı additional related persor	(1988)	and attaching Item 3 Continuation Page
Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund If selecting this industry group, also select type below and answer the question below Hedge Fund Private Equity Fund Venture Capital Fund	Energy O Elec O Ener O Coal O Envi O Oil & O Othe W: Health C O Biot O Heal O Hosp	echnology Ith Insurance pitals & Physcians	Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Computers Telecommunications Other Technology Travel Airlines & Airports
Other Investment Fund Is the issuer registered as an investr company under the Investment Cor	nent 🔘 Othe	maceuticals er Health Care	Lodging & Conventions Tourism & Travel Services

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Item 5. Issuer Size (Select one)	ashington, DC 20549	_
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		ate Net Asset Value Range (for issuer ng "hedge" or "other investment" fund in
No Revenues	OR Item 4 a	No Aggregate Net Asset Value
\$1 - \$1,000,000	Õ	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	0	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	0	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	0	\$50,000,001 - \$100,000,000
Over \$100,000,000	0	Over \$100,000,000
O Decline to Disclose	0	Decline to Disclose
O Not Applicable	0	Not Applicable
	المالية مديات وي	
Item 6. Federal Exemptions and Exclusions Cla		
Rule 504(b)(1) (not (i), (ii) or (iii))	vestment Company Act S	
Rule 504(b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)
Rule 504(b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)
Rule 504(b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)
Rule 505	Section 3(c)(4)	Section 3(c)(12)
Rule 506	Section 3(c)(5)	Section 3(c)(13)
Securities Act Section 4(6)	Section 3(c)(6)	Section 3(c)(14)
	Section 3(c)(7)	
Item 7. Type of Filing		
Ø New Notice OR ○ Amendmen	t	
Date of First Sale in this Offering: 2/25/09	OR First Sale	Yet to Occur
Item 8. Duration of Offering		
Does the issuer intend this offering to last more than	one year?	Yes No
Item 9. Type(s) of Securities Offered (Select	all that apply)	
Equity	Pooled Investmen	nt Fund Interests
☐ Debt	Tenant-in-Comm	on Securities
Ontion Marrant or Other Bight to Acquire	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 busing transaction, such as a merger, acquisition or exchange offer		es No
Clarification of Response (if Necessary)		

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tem 11. Minimum Investment	
Minimum investment accepted from any outside investor	\$ 6,250
tem 12. Sales Compensation	,
ecipient	Recipient CRD Number
N/A	☐ No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Pro	ovince/Country ZIP/Postal Code
AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NJ NN RI SC SD TN TX UT (Identify additional person(s) being paid comp	ME
Term To. Offering and Gales / and Gales	
(a) Total Offering Amount \$ 5.00,00	OO Indefinite
(b) Total Amount Sold \$ 7 4 9 3	7 1
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	OR Indefinite
The Company will accept no full	urther subscriptions.
Check this box if securities in the offering have been or m number of such non-accredited investors who already have i	nay be sold to persons who do not qualify as accredited investors, and enter the invested in the offering: 3
Enter the total number of investors who already have invest	ted in the offering:
Item 15. Sales Commissions and Finders' Fee	es Expenses
Provide separately the amounts of sales commissions and fir check the box next to the amount.	nders' fees expenses, if any. If an amount is not known, provide an estimate an
	Sales Commissions \$ Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ Estimate

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Washin	ngton, DC 20549
tem 16. Use of Proceeds	
rovide the amount of the gross proceeds of the offering that has sed for payments to any of the persons required to be namirectors or promoters in response to Item 3 above. If the amount stimate and check the box next to the amount.	ned as executive officers, 3 15,000
Clarification of Response (if Necessary)	
\$15,000 of the proceeds will be two Directors, some of the proce to the Company's employees, included the Confidential Officing Disclosu	used to repay the company's pre-existing debt to reds may be used to provide reasonable compensation ding its executive officers, as described on page 29, are Document, under the Section entitled, "Employees"
ignature and Submission	
Please verify the information you have entered and review	ew the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice,	, each identified issuer is:
undertaking to furnish them, upon written request, in a Irrevocably appointing each of the Secretary the State in which the issuer maintains its principal plate process, and agreeing that these persons may accept so such service may be made by registered or certified magainst the issuer in any place subject to the jurisdiction activity in connection with the offering of securities the provisions of: (i) the Securities Act of 1933, the Securities Company Act of 1940, or the Investment Advisers Act of State in which the issuer maintains its principal place of	accordance with applicable law, the information furnished to offerees. To the SEC and the Securities Administrator or other legally designated officer of ace of business and any State in which this notice is filed, as its agents for service of service on its behalf, of any notice, process or pleading, and further agreeing that hail, in any Federal or state action, administrative proceeding, or arbitration brought on of the United States, if the action, proceeding or arbitration (a) arises out of any hait is the subject of this notice, and (b) is founded, directly or indirectly, upon the lies Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the of business or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of State. "covered securities" for purposes of NSMIA, whether in all ins	of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, es to require information. As a result, if the securities that are the subject of this Form D are stances or due to the nature of the offering that is the subject of this Form D, States cannot or otherwise and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the cundersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	contents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Verba, Inc.	Jared Pearlman
Signature	Title
1 hm	Treasurer

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.

Number of continuation pages attached:

Date

3/9/09

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Item 3 Continuation Page

ast Name	First Name	Middle Name
Petersen	Ryan	Anthony
treet Address 1	Stre	et Address 2
67 Mount Aubu		
ity	State/Province/Country ZIP/	Postal Code
Cambridge	MA O	2138
elationship(s):	ficer Director Promoter	
larification of Response (if Necessar	y) President and	Director
ast Name	First Name	Middle Name
Ragalie	Michael	Robert
itreet Address 1	Stre	eet Address 2
67 Mount Aubi	uin Street	
ity		Postal Code
Cambridge	MA	2138
telationship(s): Executive Of	ficer Director Promoter	
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Tarification of Response (if Necessa	ry) coccetacy and	Ningetar
Clarification of Response (if Necessa	secretary and	Director
	First Name	Middle Name
Last Name P car/man	First Name	Middle Name Cruig
Last Name PCAT/MAN itreet Address 1	First Name Ross Stre	Middle Name
Last Name P Carlman Street Address 1 25532 Gaylord	First Name Ross Stre	Middle Name Cruig
Last Name P Car/man Street Address 1 25532 Gay/ord Sity	First Name Ross Stre Court State/Province/Country ZIP/	Middle Name Cruig eet Address 2
Last Name f Carlman itreet Address 1 25532 Gaylord ity Calabasas	First Name Ross Stre Court State/Province/Country ZIP/	Middle Name Cruig eet Address 2
Last Name P CAT/MAN Street Address 1 25532 Gay/ord Sity Calabasas Relationship(s): Executive Of	First Name Ross Stree Court State/Province/Country ZIP/ Gricer Director Promoter	Middle Name Cruig eet Address 2
Last Name f Carlman itreet Address 1 25532 Gaylord ity Calabasas	First Name Ross Stree Court State/Province/Country ZIP/ Gricer Director Promoter	Middle Name Cruig eet Address 2
Last Name P CAT/MAN Street Address 1 25532 Gay/ord Sity Calabasas Relationship(s): Executive Of	First Name Ross Stree Court State/Province/Country ZIP/ Gricer Director Promoter	Middle Name Cruig eet Address 2
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Last Name PCAT/MAN itreet Address 1 25532 GAY/OF d ity Ca lahasas Relationship(s): Executive Of Clarification of Response (if Necessa	First Name Ross Stre Court State/Province/Country ZIP/ First Name First Name Mathcw	Middle Name Craig Postal Code 1/3 0 2 Middle Name Dominic
Last Name Carlman Carlman 25532 Gaylord Calabasas Calabas Cal	First Name Ross Stre Court State/Province/Country ZIP/ First Name First Name Mathcw	Middle Name Cruig Pet Address 2 Postal Code 1/3 0 2 Middle Name
Last Name Carlman Street Address 1 25532 Gaylord Calabasas Calaba	First Name Ross Stre Court State/Province/Country ZIP/ GA Gricer Director Promoter ry) First Name Mathew Stre May Park East	Middle Name Cruig Pet Address 2 Postal Code 1302 Middle Name Dominic Pet Address 2 A partment 1907
Last Name Carlman Street Address 1 25532 Gaylord Calabasas Calaba	First Name Ross Stre Court State/Province/Country ZIP/ CA First Name First Name Mathew Stre Mathew Stre State/Province/Country ZIP/	Middle Name Cruig Pet Address 2 Postal Code 1302 Middle Name Dominic Pet Address 2 A partment 1907 Postal Code
Last Name PCATIMAN Street Address 1 25532 GAY/OF d Calabasas Relationship(s): Executive Of Clarification of Response (if Necessal Last Name Petersen Street Address 1 2170 Century A	First Name Ross Stre Court State/Province/Country ZIP/ CA First Name First Name Mathew Stre Mathew Stre State/Province/Country ZIP/	Middle Name Cruig Pet Address 2 Postal Code 1302 Middle Name Dominic Pet Address 2 A partment 1907
Last Name P CAT/MAN Street Address 1 25532 GAY/OF d Calabasas Relationship(s): Executive Of Clarification of Response (if Necessal Last Name Petersen Street Address 1 2170 (entury d City Century (ity)	First Name Ross Stre Court State/Province/Country ZIP/ CA First Name First Name Mathew Stre Mathew Stre State/Province/Country ZIP/	Middle Name Cruig Pet Address 2 Postal Code 1302 Middle Name Dominic Pet Address 2 A partment 1907 Postal Code