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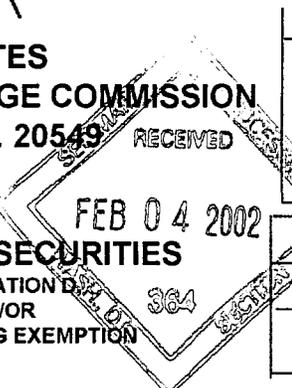
UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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



Name of Offering (check if this is an amendment and name has changed, and indicate change.)  
Series B Preferred Stock and Common Stock Offering

21-39472 PROCESSED

Filing Under (Check box(es) that apply):  
Type of Filing X New Filing  Rule 504  Rule 505 X Rule 506  Section 4(6)  ULOE

A. BASIC IDENTIFICATION DATA

FEB 11 2002

1. Enter the information requested about the issuer

P THOMSON FINANCIAL

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  
Aperture Credentialing Holdings, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)  
301 N. Hurstbourne Parkway, Suite 200, Louisville, Kentucky 40222

Telephone Number (Including Area Code)  
(502) 326-8674

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  
Parent of full service credentialing company of medical providers including primary source verifications and site review.

Type of Business Organization

X corporation  limited partnership, already formed  other (please specify):  
 business trust  limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization  
Month: 0 2 Year: 9 9 X Actual  Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which 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. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not 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 sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**A. BASIC IDENTIFICATION DATA**

2. 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.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Bunker, Robert J.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**301 N. Hurstbourne Parkway, Suite 200, Louisville, Kentucky 40222**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Newkirk, Robert J.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**9900 Bren Road East, MN008-T125, Minnetonka, Minnesota 55343**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Karleski, Koleman**

Business or Residence Address (Number and Street, City, State, Zip Code)

**Suite 1650, National City Tower, Louisville, Kentucky 40202**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Tyrrell, Jack**

Business or Residence Address (Number and Street, City, State, Zip Code)

**c/o Richland Ventures, 200 31st Avenue N., Suite 200, Nashville, Tennessee 37203**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Mahoney, Jim**

Business or Residence Address (Number and Street, City, State, Zip Code)

**222 Berkeley Street, 21st Floor, Boston, Massachusetts 02116**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Liston, Thomas J.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**Humana Building, 500 West Main Street, Louisville, Kentucky 40202**

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director     General and/or Managing Partner

Full Name (Last name first, if individual)

**Wichmann, David S.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**9900 Bren Road East, MN008-W310, Minnetonka, Minnesota 55343**

2. 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.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Wallace, Ruth N.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**301 N. Hurstbourne Parkway, Suite 200, Louisville, Kentucky 40222**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Richland Ventures II, L.P.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**200 31st Avenue N., Suite 200, Nashville, Tennessee 37203**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Humana, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**500 West Main Street, Louisville, Kentucky 40202-4264**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**United HealthCare Services, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**9900 Bren Road East, MN008-W304, Minnetonka, Minnesota 55343**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Atherton, Pamela G.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1020 Garden Creek Circle, Louisville, Kentucky 40223**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Camp, R. Stephen**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1020 Garden Creek Circle, Louisville, Kentucky 40223**

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)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes No  
   
 Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$N/A

3. Does the offering permit joint ownership of a single unit? Yes No

4. 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 purchases 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. None.

Full Name (Last name first, if individual)

N/A

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
 [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
 [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  
 [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [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 answer is "none" or "zero". If the transaction is an exchange offering, check this box  and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt * .....	\$ _____	\$ _____
Equity * See attached Note to Form D .....	<u>\$ 3,001,450.00</u>	<u>\$ 1,001,450.00</u>
X Common X Preferred		
Convertible Securities (including warrants) .....	<u>\$ 0</u>	<u>\$ 0</u>
Partnership Interests .....	<u>\$ 0</u>	<u>\$ 0</u>
Other (Specify _____) .....	<u>\$ 0</u>	<u>\$ 0</u>
Total .....	<u>\$ 3,001,450.00</u>	<u>\$ 1,001,450.00</u>

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 "non" or "zero".

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>9</u>	<u>\$ 1,001,450.00</u>
Non-accredited Investors .....	<u>0</u>	<u>\$ 0</u>
Total (for filings under Rule 504 only) .....	<u>          </u>	<u>\$ _____</u>

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.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	_____	\$ _____
Regulation A .....	_____	\$ _____
Rule 504 .....	_____	\$ _____
Total .....	_____	\$ _____

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 issuer. 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 .....	<input type="checkbox"/>	<u>\$ 0</u>
Printing and Engraving Costs .....	<input type="checkbox"/>	<u>\$ 0</u>
Legal Fees .....	<input checked="" type="checkbox"/>	<u>\$ 45,000</u>
Accounting Fees .....	<input type="checkbox"/>	<u>\$ 0</u>
Engineering Fees .....	<input type="checkbox"/>	<u>\$ 0</u>
Sales Commissions (Specify finder's fees separately) .....	<input type="checkbox"/>	<u>\$ 0</u>
Other Expenses (identify) _____ .....	<input type="checkbox"/>	<u>\$ 0</u>
Total .....	<input checked="" type="checkbox"/>	<u>\$ 45,000</u>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

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." .....

**\$ 2,956,450.00**

5. Indicate below the amount of the adjusted gross proceeds 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 .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
Purchase of real estate .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
Construction or leasing of plant buildings and facilities .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
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) .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
Repayment of indebtedness .....	\$ <u>0</u> <input checked="" type="checkbox"/>	\$ _____
Working capital .....	\$ <u>0</u> <input checked="" type="checkbox"/>	\$ <u>2,956,450.00</u>
Other (specify) _____ .....	\$ <u>0</u> <input type="checkbox"/>	\$ <u>0</u>
_____ .....		
_____ .....		
Column Totals .....	\$ <u>0</u> <input checked="" type="checkbox"/>	\$ <u>2,956,450.00</u>
Total Payments Listed (column totals added) .....	<b>X \$ 2,956,450.00</b>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature <i>Ruth N. Wallace</i>	Date January 18, 2002
Aperture Credentialing Holdings, Inc.		
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Ruth N. Wallace	Chief Financial Officer, Treasurer and Secretary	

**ATTENTION**

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



**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B - Item 1)			Type of security and aggregate offering price offered in state (Part C - Item 1)	Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)
STATE	YES	NO		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY		X	\$936,090 Series B Preferred; \$468 Common	4	\$312,010 Series B Preferred; \$468 Common	0	0		X
LA									
ME									
MD									
MA		X	\$237,830 Series B Preferred; \$119 Common	2	\$79,270 Series B Preferred; \$119 Common	0	0		X
MI									
MN		X	\$1,626,050 Series B Preferred; \$813 Common	2	\$542,010 Series B Preferred; \$813 Common	0	0		X
MS									
MO									

\*See attached Note to Form D



WY									
PR									

\* See attached Note to Form D

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