

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



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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response..... 1

FORM D

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

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Private Placement of Series E Convertible Preferred Stock

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

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

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

ENANTA PHARMACEUTICALS, INC.

Address of Executive Offices (Number and Street, City, State, Zip Code)

500 Arsenal Street, Watertown, MA 02472

Telephone Number (Including Area Code)

(617) 607-0800

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices) Same

Telephone Number (Including Area Code)

Same

Brief Description of Business:

Research, development, manufacture, marketing and sale of biotechnologies and pharmaceutical compounds.

Type of Business Organization

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

PROCESSED

Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated

0 7 9 5

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

JUL 17 2002

THOMSON FINANCIAL

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)
Kliem, Peter O.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Enanta Pharmaceuticals, Inc., 500 Arsenal Street, Watertown, MA 02472

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

Full Name (Last name first, if individual)
Verdine, Gregory L.

Business or Residence Address (Number and Street, City, State, Zip Code)
7 Bennington Road, Lexington, MA 02421

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

Full Name (Last name first, if individual)
Oxford Bioscience Partners III, L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)
31 St. James Avenue, Suite 805, Boston, MA 02116

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

Full Name (Last name first, if individual)
Private Equity Holding Cayman

Business or Residence Address (Number and Street, City, State, Zip Code)
P.O. Box 30846 SMB, The Grand Pavilion Commercial Centre, West Bay Road., Grand Cayman, Cayman Islands, British West Indies

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

Full Name (Last name first, if individual)
TVM IV GmbH & Co. KG

Business or Residence Address (Number and Street, City, State, Zip Code)
Maximilianstrasse 35 Eingang C, 80539 Munchen, Germany

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

Full Name (Last name first, if individual)
TVM Medical Ventures GmbH & Co. KG

Business or Residence Address (Number and Street, City, State, Zip Code)
Maximilianstrasse 35 Eingang C, 80539 Munchen, Germany

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

Full Name (Last name first, if individual)
Jamas, Spiros

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Enanta Pharmaceuticals, Inc., 500 Arsenal Street, Watertown, MA 02472

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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

Full Name (Last name first, if individual)
Alpinvest International B.V.

Business or Residence Address (Number and Street, City, State, Zip Code)
Gooimeer 3, P.O. Box 5073, 1411 De Naarden or 1410 AB Naarden, The Netherlands

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

Full Name (Last name first, if individual)
Advent Health Care and Life Sciences II Limited Partnership

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Advent International Corporation, 75 State Street, Boston, MA 02109

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

Full Name (Last name first, if individual)
Sung, Stella M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Oxford Bioscience Partners III, L.P., 31 St. James Avenue, Suite 805, Boston, MA 02116

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

Full Name (Last name first, if individual)
Caspritz, Gert

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o TVM Techno Venture Management, 101 Arch Street, Suite 1950, Boston, MA 02110

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

Full Name (Last name first, if individual)
Mills III, William C.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Advent International Corporation, 75 State Street, Boston, MA 02109

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

Full Name (Last name first, if individual)
Afting, Ernst Gunter

Business or Residence Address (Number and Street, City, State, Zip Code)
Meisenweg 21, D 82152, Krailing, Germany

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

Full Name (Last name first, if individual)
Or, Yat Sun

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Enanta Pharmaceuticals, Inc., 500 Arsenal Street, Watertown, MA 02472

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

Full Name (Last name first, if individual)
Ratan, Ramesh

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Enanta Pharmaceuticals, Inc., 500 Arsenal Street, Watertown, MA 02472

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

Full Name (Last name first, if individual)
Slee, Andrew

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Enanta Pharmaceuticals, Inc., 500 Arsenal Street, Watertown, MA 02472

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

- | | | |
|---|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual? | \$25,000 | |
| | Yes | No |
| 3. Does the offering permit joint ownership of a single unit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 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 individual)

Pacific Growth Equities Inc.

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

Four Maritime Plaza, San Francisco, CA 94111

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

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

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

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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 columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate offering Price	Amount Already Sold
Debt.....	\$ _____	\$ _____
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred	\$ 30,000,000	\$ 18,303,099
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify _____).....	\$ _____	\$ _____
Total.....	\$ 30,000,000	\$ 18,303,099

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.....	16	\$ 18,303,099
Non-accredited Investors.....	_____	\$ _____
Total (for filings under Rule 504 only).....	_____	\$ _____

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.....	N/A	\$ N/A
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"/>	\$ _____
Printing and Engraving Costs.....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ 100,000
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	\$ 540,800
Other Expenses (identify) _____.....	<input type="checkbox"/>	\$ _____
Total.....	<input checked="" type="checkbox"/>	\$ 640,800

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."

\$ 17,662,299

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.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
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).....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>17,662,299</u>
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> \$ _____	<u>17,662,299</u>

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) Enanta Pharmaceuticals, Inc.	Signature 	Date June 20 2002
Name of Signer (Print or Type) Ramesh Ratan	Title of Signer (Print or Type) Senior Vice President, Finance and Administration, and Chief Financial Officer	

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 ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Series E Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA		X	\$7,101,667	10	\$7,101,667	0	0		
MI									
MN									
MS									
MO									
MT									
NE									
NV									
NH									
NJ									
NM									

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 ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No	Series E Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY		X	\$6,000,000	3	\$6,000,000	0	0		
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

Note: 3 accredited investors located outside of the United States purchased shares of Series E Convertible Preferred Stock in the amount of \$5,201,432.