-- 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.

FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form

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				
	i			

		s an amendment and name h		• ,		-1041
		Stock and the Common St				
rining Under (Che	eck box(es) that app	ly): □ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	■ New Filing	☐ Amendment				
(1) (4) (4)	100	A. BASIC	IDENTIFICATION I)ATA	466	Total
 Enter the info 	rmation requested a	bout the issuer				
Name of Issuer	(☐ check if this is	s an amendment and name h	as changed, and indicate	change.)		
	ion Technologie					
Address of Execu	tive Offices	(Number and Stre	et, City, State, Zip Code		Number (Including Ar	ea Code) PROCESS
	El Segundo, CA			(310) 414		
	pal Business Operat	ions (Number and Stre	et, City, State, Zip Code) Telephone	Number (Including Ar	ea Code) AUG 2 3 200
	Executive Offices)					D 700 3 3 333
Brief Description	of Business				//-	THOMSON
Dosian dovolo	no manufacturo	and sell space launch v	vahicles for use in th	a satallita la:	unch market	FINANCIAL
		and sen space faunch		- Satellite la	distributed / Sy	
Type of Business	Organization		. 1 . C 1			
⊠ corporation		☐ limited partnership, alr	-	⊔ ot	her (please specify):	1 (A. A. 190)
☐ business trust		☐ limited partnership, to				a garage
			Month	Year		A. S. Carrier
Actual or Estimated	d Date of Incorpora	tion or Organization:	0 3	0 2 2	☑Actual ☐ Estimated	The first of the part of the
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for	r Canada; FN for other foreig	gn jurisdiction)		DE	

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 paper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the inotice constitutes a part of this notice and must be completed.

351949.03 1 of 5

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 mana	<u> </u>	artnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Musk, Elon					
Business or Residence Add	ress (Number an	d Street, City, State, Zip Code	e)		
c/o Space Exploration	Technologies (Corp., 1310 E. Grand, El Se	egundo, CA 90045		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Musk, Kimbal					
	ress (Number an	d Street, City, State, Zip Code	e)		
c/o Space Exploration	Technologies C	Corp., 1310 E. Grand, El Se	egundo. CA 90045		
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Bautista, John					
	ess (Number an	d Street, City, State, Zip Code	e)		
c/o Space Exploration	Technologies C	orp., 1310 E. Grand, El Se	egundo. CA 90045		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
,	,				
Business or Residence Addr	ess (Number and	d 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 Addr	ess (Number and	d Street, City, State, Zip Code)		
			<u> </u>		
	(Use blar	k sheet, or copy and use addit	tional copies of this sheet, as i	necessarv.)	

B. INFORMATION ABOUT OFFERING		No	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	l es	INO	
Answer also in Appendix, Column 2, if filing under ULOE.			
2. What is the minimum investment that will be accepted from any individual?	\$ 100		
		No	
3. Does the offering permit joint ownership of a single unit?	X		
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)			
Not Applicable			
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 Sta	ites	
[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] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO] [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)			
Business of 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 Sta	itec	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	.108	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO] [PA]		
	[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			
	□ A11 S+0	tec	
(Check "All States" or check individual States)	☐ All Sta	ies	
[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] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PA] [PR]		

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

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEE	DS
	b. Enter the difference between the aggregate offering price 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."		\$ 10,080,950
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	□ \$	- □ \$
	Purchase of real estate	S	_ 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	\$	_
	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	■ \$_1,008,270	\$
	Working capital	\$	\$ 9,072,680
	Other (specify):	\$. 🗆 \$
		\$. 🗆 \$
	Column Totals	■ \$ 1,008,270	\$ 9,072,680
	Total Payments Listed (column totals added)	⊠ \$_	10,080,950
	D. FEDERAL SIGNATURE	Majs CHESS	The second
follow of its	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excl staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph.	ange Commission, u	pon written request
	r (Print or Type) pace Exploration Technologies Corp. Signature	Dat (° }/7/02
	e of Signer (Print or Type) hn V. Bautista Title of Signer (Print or Type) Secretary		

ATTENTION -

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