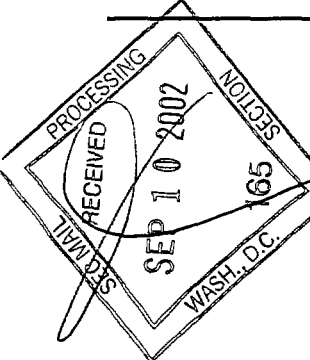


1138164

SEC 1972 (6-02) 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.



**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 state exemption unless such exemption is predicated on the filing of a federal notice.

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

**FORM D**

SEC MAIL  
RECEIVED  
SEP 10 2002  
SECTION 165  
WASH. D.C.

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

| SEC USE ONLY  |  |        |
|---------------|--|--------|
| Prefix        |  | Serial |
| DATE RECEIVED |  |        |



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

**PROCESSED**  
SEP 19 2002  
THOMSON  
FINANCIAL

Name of Offering ( [ ] check if this is an amendment and name has changed, and indicate change.)  
Advisory Fixed Income Arbitrage Fund (I) Inc.

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULOE  
Type of Filing: [ ] New Filing [X] 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.)  
Advisory Fixed Income Arbitrage Fund (I) Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
C/o Walkers, Walker House, Mary Street, PO Box 908 GT, George Town, Grand Cayman, Cayman Islands

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
c/o CIBC Bank & Trust Company (Cayman) Ltd., CIBC Financial Center, PO Box 694, George Town, Grand Cayman, Cayman Islands

Brief Description of Business : Fixed income hedge fund

*EFM*

Type of Business Organization

☐ corporation ☐ limited partnership, already formed ☒ other (please specify):  
☐ business trust ☐ limited partnership, to be formed Cayman exempted company

Month Year  
Actual or Estimated Date of Incorporation or Organization: [02] [01] [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) [ F ] [ N ]

**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 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 in the notice constitutes a part of this notice and must be completed.

**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: | <input checked="" type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|----------------------------------------------|-------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual) American Express Financial Advisors Inc.

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
200 AXP Financial Center, Minneapolis, MN 55474

---

---

|                           |                                   |                                           |                                            |                                              |                                                          |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual) Lamo, Bruce G.

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
26577 AXP Financial Center, Minneapolis, MN 55474

---

---

|                           |                                   |                                           |                                            |                                              |                                                          |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual) Friedman, Robert W.

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
3 World Financial Center, 23<sup>rd</sup> Floor, 200 Vesey Street, New York, NY 10285

---

---

|                           |                                   |                                           |                                            |                                              |                                                          |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input checked="" type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|----------------------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual) Austin, Michael

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
P.O. Box 692 GT, Victory House, 134 Nelson Quay, Governor's Harbor, Grand Cayman, Cayman Island

---

---

|                           |                                   |                                                      |                                            |                                   |                                                          |
|---------------------------|-----------------------------------|------------------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input checked="" type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|-----------------------------------|------------------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual) Art Institute of Chicago

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
111 South Michigan Avenue, Chicago, IL 60603-6100

---

---

|                           |                                   |                                           |                                            |                                   |                                                          |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|
| Check Box(es) that Apply: | <input type="checkbox"/> Promoter | <input type="checkbox"/> Beneficial Owner | <input type="checkbox"/> Executive Officer | <input type="checkbox"/> Director | <input type="checkbox"/> General and/or Managing Partner |
|---------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------|-----------------------------------|----------------------------------------------------------|

---

Full Name (Last name first, if individual)

---

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

---

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

---

**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  
[ ] [X]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$1  
(\* ) may be waived by directors million\_

3. Does the offering permit joint ownership of a single unit?..... Yes No  
[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) More than 5 persons

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
200 AXP Financial Center, Minneapolis MN 55474

---

Name of Associated Broker or Dealer American Express Financial Advisors Inc.

---

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

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

[ x ] 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) Northwinds Marketing Group LLC

---

Business or Residence Address (Number and Street, City, State, Zip Code)  
211 North First Street, Suite 325, Minneapolis, MN 55401

---

Name of Associated Broker or Dealer Northwinds Marketing Group LLC

---

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

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

[ x ] 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] |

---

(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<br>Offering Price | Amount Already<br>Sold(*) |
|---------------------------------------------------|-----------------------------|---------------------------|
| Debt .....                                        | \$ _____                    | \$ _____                  |
| Equity .....                                      | \$ _1000/share_             | \$ 61,743,246.19          |
| [ x ] Common    [   ] Preferred                   |                             |                           |
| Convertible Securities (including warrants) ..... | \$ _____                    | \$ _____                  |
| Partnership Interests .....                       | \$ _____                    | \$ _____                  |
| Other (Specify _____).                            | \$ _____                    | \$ _____                  |
| Total .....                                       | \$ _____                    | \$61,743,246.19           |

Answer also in Appendix, Column 3, if filing under ULOE.

(\*) to US Investors

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<br>Dollar Amount<br>of Purchases |
|-------------------------------------------------|------------------|--------------------------------------------|
| Accredited Investors .....(U.S. investors only) | 1                | \$61,743,246.19                            |
| 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, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

NOT APPLICABLE

| 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.

Expenses since last Form D filing  
March 1, 2002 – July 31, 2002

|                                                                                                                                                                                                                                                                                                          |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Transfer Agent's Fees .....                                                                                                                                                                                                                                                                              | [ ] \$        |
| Printing and Engraving Costs .....                                                                                                                                                                                                                                                                       | [ ] \$        |
| Legal Fees .....                                                                                                                                                                                                                                                                                         | [ ] \$ 5381   |
| Accounting Fees .....                                                                                                                                                                                                                                                                                    | [ ] \$52452   |
| Engineering Fees .....                                                                                                                                                                                                                                                                                   | [ ] \$        |
| Sales Commissions (specify finders' fees separately) .....                                                                                                                                                                                                                                               | [ ] \$        |
| Other Expenses (identify) Director's fees \$2282, Bank Fees \$899, Management Fee Expense \$265,560, Custodian Fees \$47,297, Ticket Charges \$553, Administration Fee \$120,369, Commission Expense \$197,847, Amort. Organization Expense \$7,889, Interest Expense \$2919, Performance Fee \$158,309. | [ ] \$803,924 |
| Total .....                                                                                                                                                                                                                                                                                              | [ ] \$861,757 |

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." .....

\$-----N/A-----

NOT APPLICABLE

|                                                                     |                                       |
|---------------------------------------------------------------------|---------------------------------------|
| Payments to<br>Officers,<br>Directors, &<br>Affiliates<br>[ ]<br>\$ | Payments<br>To<br>Others<br>[ ]<br>\$ |
|---------------------------------------------------------------------|---------------------------------------|

|     |     |
|-----|-----|
| [ ] | [ ] |
| \$  | \$  |

[ ]  
 \$

[ ]  
 \$

[ ]  
\$

[ ] \$ \_\_\_\_\_ [ ] \$ \_\_\_\_\_

[ ] [ ]  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

[ ] [ ]  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ \$ \_\_\_\_\_      ☐ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

[ ]\$

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)<br>Advisory Fixed Income Arbitrage Fund (I) Inc. | Signature<br> | Date<br>9/9/02 |
| Name of Signer (Print or Type)<br>Michael Austin                        | Title of Signer (Print or Type)<br>Director                                                       |                |

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