1090237 UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



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

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
ı	1

OMB APPROVAL

Estimated average burden

hours per response . . . 16.00

3235-0076

May 31, 2005

OMB Number:

Expires:

Name of Offering (☐ check if this	is an amendment and name has changed, and indi-	cate change.)
Goldleaf Financial, Ltd. Pledge	e Offering	
Filing Under (Check box(es) that ar	pply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: ⊠ New Filing	☐ Amendment	PEDEINED
The second secon	A. BASIC IDENTIFICATION DAT	A
1. Enter the information requested a	bout the issuer	<u> </u>
Name of Issuer (check if this is	an amendment and name has changed, and indicat	e change.)
Goldleaf Financial, Ltd.		
Address of Executive Offices 802 North Second Street, Mon	(Number and Street, City, State, Zip Code) tevideo, MN 56265	Telephone Number (Including Area Code) 1-888-294-6747
Address of Principal Business Oper (if different from Executive Offices	ations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Surety bond company		
Type of Business Organization ⊠ corporation	☐ limited partnership, already formed	□ other (please specify): PROCESSED
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorpo	Month Year 0 3 9 8	JUL 3 1 2003 ✓ Actual ☐ Estimated THOMSON FINANCIAL
	anization: (Enter two-letter U.S. Postal Service abl	previation for State:

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.

SEC 1972 (2/99) 1 8

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 ☐ General and/or ☐ Beneficial Owner ☑ Director Managing Partner Full Name (Last name first, if individual) Geoffrey Hathaway Business or Residence Address (Number and Street, City, State, Zip Code) 802 North Second Street, Montevideo, MN 56265 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Dennis Larson Business or Residence Address (Number and Street, City, State, Zip Code) 802 North Second Street, Montevideo, MN 56265 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Jack Anderson Business or Residence Address (Number and Street, City, State, Zip Code) 802 North Second Street, Montevideo, MN 56265 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) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Promoter ☐ General and/or

☐ Executive Officer

☐ Director

Managing Partner

☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

Check Box(es) that Apply:

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

☐ Promoter

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

☐ Beneficial Owner

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	. The second section of the section	ang a si di mang di manggan di gi an	. a.u. , Austrijans s	D. 11\11	ORMAN	ION ADC	O.L. OF I	EKHING		*	 	Yes No
1. Has th	e issuer so	ld, or does	s the issue	r intend to	sell, to no	on-accredi	ted invest	ors in this	offering?.			
			Ans	wer also i	n Append	ix, Colum	n 2, if filir	ig under U	LOE.			
2. What i	s the mini	mum inve	stment tha	t will be a	ccepted fr	om any in	dividual?				•••••	\$100,000
					_							Yes No
	_			=	_							
to be li list the	similar rer	nuneration associated ne broker	for solicit person or or dealer. l	ation of pu agent of a If more th	irchasers in broker on an five (5)	n connection dealer regions to	on with sall gistered w o be listed	es of secur ith the SE	rities in the C and/or v	lirectly, any coffering. I with a state ons of sucl	If a person or states	n s,
Full Name (Last name	first, if in	dividual)								· -	
None												
Business or	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Coo	ie)					The state of the s
Name of As	sociated B	roker or I	Dealer			<u></u>						
States in WI												☐ 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 ([]	11	L J	([]	[]	į ··· - j		[]
Business or	Residence	Address	(Number 3	and Street	City Stat	a Zin Coo						
Dusiness of	Residence	Address	(Ivuilibei a	ina Succi,	City, Stat	e, zip coc	16)					
Name of As	sociated B	roker or I	Dealer									
States in WI (Check "A												☐ 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 ir	idividual)	·	,—,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>			
Business or	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Coo	ie)	****				
Name of As	sociated B	Broker or I	Dealer				<u></u>					
States in W	hich Perso	n Listed H	Ias Solicite	ed or Inter	nds to Soli	cit Purcha	sers					
(Check "A	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]
		(Use	e blank she	et, or cop	y and use	additional	copies of	this sheet,	as necess	sary.)		

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	S
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 \square 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	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	•	\$100,000	\$100,000
	Total		\$100,000
	2 0 000	<u> </u>	\$ 100,000
	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."		A
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	11	\$100,000
	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.		Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
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] \$
	Printing and Engraving Costs] \$
	Legal Fees	🛭	\$1,000
	Accounting Fees		\$
	Engineering Fees		J <u>\$</u>
	Sales Commissions (specify finders' fees separately)		3 \$
	Other Expenses (identify)		<u> \$</u>
	Total		\$1,000

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	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE OF PROC	EEDS
	b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	to Part C - Question 4.a. This difference is	the	\$99,000
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the am estimate and check the box to the left of the estim the adjusted gross proceeds to the issuer set for	ount for any purpose is not known, furnish nate. The total of the payments listed must ed	n an qual	to
			Officers, Directors, Affiliates	& Payments To
	Salaries and fees		<u>s</u>	S
	Purchase of real estate		□ \$	<u> </u>
	Purchase, rental or leasing and installation	n of machinery and equipment	<u></u>	\$
	Construction or leasing of plant buildings	and facitlities	 \$	\$
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another	□\$	— □s_
	Repayment of indebtedness		_ <u>≠</u>	
	Working capital		<u> </u>	 ⊠\$99,000
	Other (specify):			
	Column Totals		_ <u></u>	 □\$
	Total Payments Listed (column totals add	led)	⊠ \$99.000	
		,		
		D. FEDERAL SIGNATURE	<u> </u>	
TL	issuer has duly caused this notice to be signed by		f this motion is fi	lad under Dula 505, the
foll	owing signature constitutes an undertaking by the set of its staff, the information furnished by the iss	issuer to furnish to the U.S. Securities and	Exchange Comn	nission, upon written re-
Iss	uer (Print or Type)	Signature	Da	te
Go	ldleaf Financial, Ltd.	Thurman	J Jui	ly 25 , 2003
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Ge	offrey Hathaway	Chief Executive Officer		

---- ATTENTION -----

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

	•		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions	Yes	No
	of such rule?	\sqcup	\boxtimes
	See Appendix, Column 5, for state response.		

E. STATE SIGNATURE

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Goldleaf Financial, Ltd.	Dentury	July <u>25</u> , 2003
Name (Print or Type)	Title (Print or Type)	
Geoffrey Hathaway	Chief Executive Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3		4					5		
	to non-a	l to sell ccredited	Type of security and aggregate offering price offered in State (Part C-Item1)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Pledges of Assets	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		X	\$100,000	11	\$100,000	0			X	
СО		-								
CT										
DE	-									
DC	ļ									
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GA	ļ							ļ		
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MI										
MN				<u> </u>						
MS		 								
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APPENDIX

1 .	• 2 3			4					5		
	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)	Disqualifunder Stat egate price Type of investor and State amount purchased in State Disqualifunder Stat (if yes, explanat waiver g		Type of investor and			, attach ation of granted)		
State	Yes	No	Convertible Note	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No_		
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC											
ND					·						
ОН											
OK											
OR					78.12.						
PA											
RI											
SC											
SD											
TN							·				
TX											
UT											
VT											
VA											
WA											
WV		ļ									
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PR											