FORM D



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

FORM D

	OMBA	pprovai
OMB	Number:	3235

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hours per response . . . 16.00

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

SEC USE ONLY Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Stockton Pacific Enterprises, Inc. offering of common stock and convertible preferred stock Filing Under (Check box(es) that apply): Rule 506 Rule 504 Rule 505 Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Stockton Pacific Enterprises, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) One TCF Drive, Samoa, California 95564 707-443-7511 (Number and Street, City, State, Zip Code) Address of Principal Business Operations Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Production and sale of pulp and pulp-related products Type of Business Organization orporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation: 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)

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. 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.

•		BASIC IDENTIFICA	ATION DATA		
2. Enter the information requeste	•	•			i
		s been organized within t		f 100/ an mana	of a along of a with
Each beneficial owner has securities of the issuer;	iving the power to	vote or dispose, or direct	the vote of disposition (or, 10% or more	or a crass or equity
	d director of corne	orate issuers and of corpor	ate general and managi	ng nartners of na	urtnership issuers; and
Each general and manage			are Bonoral and manage	ng paraters of pa	i i i i i i i i i i i i i i i i i i i
			NT or	M D: 4	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
F. 11 (T	!! .J 1\				Tylanagnig i artifer
Full name (Last name first, if ind	ividuai)				
Fitzpatrick, Frank					
Business or Residence Address	,	Street, City, State, Zip Co	ode)		
One TCF Drive, Samoa, Califo	rnia 95564				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full name (Last name first, if ind	ividual)				
New, William L.					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
P.O. Box 418, LaPointe, Wiscon	,	, ·, ·,,	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		Beneficial Owner			Managing Partner
Full name (Last name first, if ind	ividual)				
Sengpiel, Kristine					
Business or Residence Address		Street, City, State, Zip Co	ode)		
P.O. Box 418, LaPointe, Wiscon	nsin 54850				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full name (Last name first, if ind	ividual)				
Sullivan, John					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
One TCF Drive, Samoa, Califo		, , , , ,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full name (Last name first, if ind	ıvıdual)				
Hawkins, Brent				-	
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
One TCF Drive, Samoa, Califo	rnia 95564				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full name (Last name first, if ind	ividual)				
OI Acquisition Corp.	•				
Business or Residence Address	Number and	Street, City, State, Zip Co	ode)		
1209 Orange Street, Wilmington	•	•	,		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full name (Last name first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·			Managing Partner
			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
	Jse blank sheet or	copy and use additional	copies of this sheet as r	necessary)	
		2 of 8			

											ļ	
,				B. IN	FORMA	TION ABO	OUT OFF	ERING				
1. Has tl	ne issuer s	old, or doe	s the issue						fering?		Ye ⊠	
			Ar	swer also	in Append	ix, Colum	n 2, if filin	g under Ul	LOE.			
2. What	is the min	imum inv	estment tha	at will be a	ccepted fro	om any ind	lividual?		•••••			2,980.00
3. Does	the offerin	ig permit j	oint owner	ship of a si	ingle unit?						Ye □	s No
sion of to be list the or dea	or similar i listed is ar le name of aler you m	remuneration associated the broker ay set forth	on for solid person on or dealer. In the inform	citation of agent of a If more the mation for	purchasers a broker or nan five (5	in connect dealer reg persons t	tion with s istered with o be listed	ales of sec h the SEC	urities in t and/or wit	ndirectly, a he offering h a state or s of such a	. If a pers	
Full Nai None.	ne (Last n	ame first,	if individu	al)								
	s or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)					
Name of	f Associate	ed Broker o	or Dealer						 	<u> </u>		<u></u>
States in	Which Po	erson Liste	d Has Soli	cited or In	tends to So	licit Purch	nasers	<u>-</u>				
(Check	"All States	" or check	individual	States)							🔲 Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]
[IL]	[IN]	[I A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R I]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nai	ne (Last n	ame first,	if individu	al)								
										·—		
Busines	s or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)					
Name of	f Associate	ed Broker o	or Dealer									
States in	Which Pe	erson Liste	d Has Soli	cited or In	tends to Sc	licit Purch	asers					
(Ch	eck "All S	tates" or c	heck indiv	idual State	s)			******			🔲 Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[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]	ָנדטן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			if individua									
Busines	s or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)					
Name of	f Associate	ed Broker (or Dealer									
States in	Which Po	erson Liste	d Has Soli	cited or In	tends to So	licit Purch	asers			<u>-</u>		
(Ch	eck "All S	tates" or c	heck indiv	idual State	s)						Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[I A]	[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 ANI	USE OF PROCE	EDS	
1.	Enter the aggregate offering price of securities included in this offering and the total ame already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange of check this box \square and indicate in the columns below the amounts of the securities offered and already exchanged.	ffering, I for exchange		
	Type of Security	Aggregate Offering Price	A	mount Already Sold
	Type of Security	•	Φ.	Sold
	Debt	\$	\$_	
	Equity	\$ <u>66,549.00</u>	\$_	66,549.00
	☐ Preferred	e 222 000 00		222 000 00
	Convertible Securities (including warrants)	\$_333,000.00	· 3	333,000.00
	Partnership Interests	\$. \$_	
	Other ()	\$	\$_	
		\$_399,549.00	8	399,549.00
	Total	Φ	. 4	0001010100
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securits offering and the aggregate dollar amounts of their purchases. For offerings under Rule 5 cate the number of persons who have purchased securities and the aggregate dollar amount purchases on the total lines. Enter "0" if answer is "none" or "zero."	04, indi-	 	Aggregate
		Number	b	ollar Amount
		Investors	1	of Purchases
	Accredited Investors		\$	
	Non-accredited Investors		<u>\$</u> _	
	Total	9	\$	399,549.00
	\cdot		Ī	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) mont to the first sale of securities in this offering. Classify securities by type listed in Part C-Q	hs prior		
	Type of offering	Type of	D	ollar Amount
		Security		Sold
	Rule 505	N/A	\$	0
	Regulation A	N/A	\$	0
	Rule 504	N/A	\$	0
	Total	N/A	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of th The information may be given as subject to future contingencies. If the amount of an exp is not known, furnish an estimate and check the box to the left of the estimate.	e issuer.		
	Transfer Agent's Fees.			3
	Printing and Engraving Costs			\$
	Legal Fees		×	\$10,000
	Accounting Fees			s
	Engineering Fees		ф	\$
	Sales Commissions (specify finders' fees separately).		þ	\$
	Other Expenses (identify)			s
			×	\$ 10,000
	Total		T	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	E OF PROCEEDS	
tion	Enter the difference between the aggregate offering price given in response to Part C-Ques- l and total expenses furnished in response to Part C-Question 4.a. This difference is the usted gross proceeds to the issuer."		\$389,549.00
usec esti	cate below the amount of the adjusted gross proceeds to the issuer used or proposed to be if for each of the purposes shown. If the amount for any purpose is not known, furnish an mate and check the box to the left of the estimate. The total of the payments listed must equaljusted 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	<u> </u>	\$0
	Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u> </u>	□ \$ <u> </u>
	Construction or leasing of plant buildings and facilities	□ \$ <u>0</u>	□ \$ <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)	\$0	⊠ \$389,549.00
	Repayment of indebtedness	□ \$ <u> </u>	□ \$ <u> </u>
	Working capital	□ \$ <u> </u>	□ \$ <u> </u>
	Other (specify):	□ \$ <u> </u>	□ \$ <u>··</u> 0
•		□ \$ <u>0</u>	□ \$ <u>0</u>
	Column Totals	\$0	∑ \$389,549.00
	Total Payments Listed (column totals added)	⊠ \$ <u>38</u>	9,549.00
	D. FEDERAL SIGNATURE		
following	uer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchar of its staff, the information furnished by the issuer to any non-accredited investor pursuant to particle.	ige Commission, up	on written
	Print or Type) on Pacific Enterprises, Inc.	Date /	FSOP
Name	of Signer (Print or Type) Title of Signer (Print or Type) The L. New Chairman and Chief Executive Officer	1/	

• E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualif of such rule?	-
See Appendix, Column 5, for state response	nse.
2. The undersigned issuer hereby undertakes to furnish to any state administrator of on Form D (17 CFR 239.500) at such times as required by state law.	any state in which this notice is filed, a notice
3. The undersigned issuer hereby undertakes to furnish to the state administrators, u the issuer to offerees.	pon written request, information furnished by
4. The undersigned issuer represents that the issuer is familiar with the conditions the Uniform limited Offering Exemption (ULOE) of the state in which this notice is the availability of this exemption has the burden of establishing that these conditions that these conditions is the state of the state	iled and understands that the issuer claiming
The issuer has read this notification and knows the contents to be true and has duly of the undersigned duly authorized person.	aused this notice to be signed on its behalf by
Issuer (Print or Type) Stockton Pacific Enterprises, Inc.) Date 9/25/03
Name (Print or Type) Title (Print or Type)	
William I New Chairman and Chief Executive Office	12

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 of bear typed or printed signatures.

MW/1016503

APPENDIX

l	Intend to non-a	i to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	granted) Item 1) No
AL									
AK					· · · · · · · · · · · · · · · · · · ·			İ	
AZ									
AR					·				
CA	X	1	Common Stock \$40,724.00	2	\$26,322	6	\$14,402		X
CO									
СТ			!						
DE	X		Convertible Preferred Stock - \$333,000.00	0	N/A	1	\$333,000		X
DC						d.			
FL									
GA									1 - 2
HI								j	
ID					·				
IL									
IN									
IA									
KS					· · · · · · · · · · · · · · · · · · ·				
KY									
LA									
ME									
MD									
MA									
MI	ļ								
MN	X		Common Stock \$3,973.00	0	N/A	1	\$3,973		X
MS									
МО									

APPENDIX

1	Intend to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	N. L. C.	5 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 Non- Accredited Investors	Amount	Yes	No
MT									ļ
NE									<u> </u>
NV									<u> </u>
NH	<u> </u>								
NJ			·						
NM									
NY									
NC									
ND									
OH	-								
OK			· · · · · · · · · · · · · · · · · · ·						
OR						· 			ļ
PA								 	<u> </u>
RI						· 			
SC	<u> </u>								-
SD									
TN			······································						
TX			· · · · · · · · · · · · · · · · · · ·		<u> </u>				ļ <u>.</u>
UT									
VT	-								
VA									
WA									
WV			<u> </u>						
WI	X		Common Stock \$21,852.00	0	N/A	1	\$21,852		X
WY									<u> </u>
PR									