



**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 Boxes that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Donald V. Warriner

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

1555 California Street, #602, Denver, CO 80202

Check Boxes that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Christopher D. Kim

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

7431 South Houstoun Waring Circle, Littleton, CO 80120

Check Boxes that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Santiago Silva

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

5419 W. Prentice Circle, Littleton, CO 80123

Check Boxes that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

H. Scott Bellingrath

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

4406 Chateau Drive, Loveland, CO 80538

Check Boxes that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

William L. Armstrong, III

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

7600 E. Orchard Road, Suite 250-N, Greenwood Village, CO 80111

Check Boxes 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)

**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  
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$ \_\_\_\_\_ N/A
3. Does the offering permit joint ownership of a single unit?..... Yes No
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)

N/A

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] | [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] | [VA] | [WV] | [WI] | [WY] | [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

(Check "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] | [VA] | [WV] | [WI] | [WY] | [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

(Check "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] | [VA] | [WV] | [WI] | [WY] | [PR] |

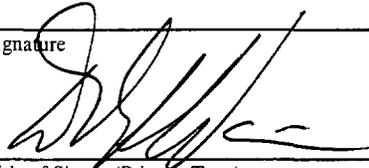
**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

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" ..... \$ 490,000

|   | Payment to<br>Officers,<br>Directors, &<br>Affiliates | Payment To<br>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>490,000</u> |
| Other (specify): _____  | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____                     |
| _____   | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____                     |
| _____   | <input type="checkbox"/> \$ _____                     | <input type="checkbox"/> \$ _____                     |
| Column Totals.....  | <input type="checkbox"/> \$ _____                     | <input checked="" type="checkbox"/> \$ <u>490,000</u> |
| Total Payments Listed (column totals added) .....   | <input checked="" type="checkbox"/> \$ _____          | <input checked="" type="checkbox"/> \$ <u>490,000</u> |

**D. FEDERAL SIGNATURE**

The issuer had 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>Blue Lime Software, Inc.   | Signature<br> | Date<br>8/11/03 |
| Name of Signer (Print or Type)<br>Donald V. Warriner | Title of Signer (Print or Type)<br>President and Chief Executive Officer                          |                 |

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

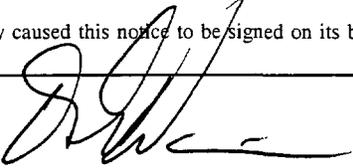
**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? ..... Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the 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 any 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)<br>Blue Lime Software, Inc. | Signature<br> | Date<br>8/14/03 |
| Name (Print or Type)<br>Donald V. Warriner         | Title (Print or Type)<br>President and 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.



