THIRD AMENDMENT

FORM D

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



DU8188

FORM D

ORIGINAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6) AND/OR

T FROM I'M DOYAH DIYIL BAKU BANIN BURK BURK GÜSK GUKLA YAND I'AND	
05000509	

SEC USE ONLY

SECTION 4(0), AND/OR	DAJE RECEIVED
UNIFORM LIMITED OFFERING EXEMI	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business Sales and marketing of long term care insurance products and services Type of Business Organization Corporation Ilimited partnership, already formed business trust Month Year Month Year Month Year Actual or Estimated Date of Incorporation or Organization: Mathana Actual Betimated Actual Estimated Estimated Actual Estimated	RECEIVED
	JAN 0 6 2005
A. BASIC IDENTIFICATION DATA	4.
Enter the information requested about the issuer	170
(Telephone Number (Including Area Code) 425–284–2148
	Telephone Number (including Area Code)
	and services
corporation limited partnership, already formed XX other (p	· ·
NERAL 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 seque

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.

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 predictated on the filing of a federal notice.

		es conse Appasitatio	ENTITE I CAUTION DATEA		
2. Enter the information r	equested for the fol	llowing:			
 Each promoter of 	the issuer, if the iss	suer has been organized w	vithin the past five years;		
 Each beneficial ov 	vner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer
 Each executive of 	ficer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
 Each general and 	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	□ Promoter	X Beneficial Owner	K Executive Officer	M Director	General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Smith, Craig					
Business or Residence Addr 3550 Carillon		Street, City, State, Zip Cocland, WA 98033			
Check Box(es) that Apply:	X Promoter	X Beneficial Owner	K Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Truesdell, Cam	eron				
Business or Residence Address 3550 Carillon		Street, City, State, Zip Co. land, WA 98033			
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 Addre	ess (Number and	Street, City, State, Zip Co	ode)		
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 Addre	ess (Number and	Street, City, State, Zip Co	ode)		
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 Addre	ess (Number and	Street, City, State, Zip Co	ode)		
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 Addre	ess (Number and	Street, City, State, Zip Co	ode)		
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 Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	<u> </u>

					Sex of Alban	tion with	ur (dan ayan)					
1. Has the	e icener col	d or doer +	he iomiar i	ntend to se	all to non a	coreditad	invectore :	this offer	ina?		Yes	No
i. 1105 til	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								****************			
2. What i											_{\$} 25	,000
											Yes	No
	_	permit join		•								
commi If a per or state	ssion or sim son to be lists, list the n	tion reques allar remune sted is an as ame of the b , you may s	eration for a sociated pe proker or d	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registere ons to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering with a state	3	
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated B	roker or De	aler		~			-			·	
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individua	States)	**************	***********		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Al	i States
AL	AK	AZ	AR	ĈĀ	CO	CT	DE	DC	FL	GA	HI	Œ
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	N	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 ind	ividual)									
Business of	r Desidence	Address C	Number on	d Street C	Vita State	Zin Code)						
Dusiness v.	i Residence	Address (:	ivuinoer an	u succi, c	nty, state,	Zip Code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Durchasers						
		s" or check									□ Al	l States
AL	[AK]	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA.	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (Last name	first, if ind	ividual)							· · · · · · · ·		
		. ,	,									
Business of	r Residence	Address (Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated Bi	roker or De	aler			<u></u>					···	
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)	***********			*************	••••••••	•••••	□ Al	States
AL	AK	[AZ]	AR	CA	CO	CT]	DE	DC	FL	GA	HI	[ID]
	IN	. [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	∇T	VA	WA	WV	WI	\overline{WY}	PR

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

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt	\$2.0 milli	Lo	ns 200,000
	Equity	\$	_	\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify LLC shares)	\$3.0 milli	LO	n\$ <u>2,255,703</u>
	Total	\$5 million	1	\$,2,455,703
	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."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	23	_	§ 2,455,703
	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.			
		Type of		Dollar Amount
	Type of Offering	Security		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 insurer. 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	X	5	\$13,000
	Accounting Fees	<u>7</u>	_	\$5,000
	Engineering Fees	F	_	\$
	Sales Commissions (specify finders' fees separately)	_	_ ק	\$
	Other Expenses (identify) copies, fling fees, delivery service fee	_	<u>-</u>	\$4,000
	Total	_	_	\$22.000

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C—— proceeds to the issuer."	Question 4.a. This difference is the "a	adjusted gross		§ 4,9	78,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an the payments listed must equal the a	estimate and			
				Payments to Officers.		
				Directors, & Affiliates	•	ments to
	Salaries antifex (2 years annual sa	alary for 2 officers)*				thers 830.000
	Purchase of real estate		_		□\$_	0
	Purchase, rental or leasing and installation of mach	hinery	_		□	-
	and equipment			<u>\$</u>	\$_	0
	Construction or leasing of plant buildings and faci	lities		<u>\$_0</u>	X \$_	66,000
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ts or securities of another		•		•
	issuer pursuant to a merger)		_	-		
	Repayment of indebtedness				_	
	Working capital		_			
	Other (specify): Marketing expenses;	ent of insurance agent		<u> </u>	3 \$ 1	<u>,969,00</u> 0
	- commission income as	nd for leads				
				\$	□\$_	
	Column Totals		<u>X</u>	\$ 480,000	A \$ <u>4</u>	,498,000
	Total Payments Listed (column totals added)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	× \$4,	978,0	<u>,00</u>
		P. D. Hardistevi, Steat Valuati				
The	issuer has duly caused this notice to be signed by the	undersigned duly outhorized person	If this notice is	filed under Dul	4 505 th	e following
sig	nature constitutes an undertaking by the issuer to furnished by the issuer to any non-acer	aish to the U.S. Securities and Exch	ange Commissi	on, upon writter		
	er (Print or Type) TC Financial Partners, LLC	Signature	Da	te Decembe	r 23,	2004
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
	raig Smith	President				

*The 2 Executive Officers are entitled to an additional \$80,000 each per; year beginning March 1, 2004 as salary to be paid when company achieves profitability.

- 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 Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
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.
	uer 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 thorized person.
	Print or Type) Financial Partners, LLC Signature December 23, 2004

President

Instruction:

Name (Print or Type)

Craig Smith

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.

				V Company	Panjung 3					
1	Intend to non-a investor	d to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		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	No	
AL										
AK										
AZ		х	LLC shares	1	\$30,000				X	
AR										
·CA		х	LLC shares	2	\$225,000				x	
СО		X	LLC shares	1	\$25,000				х	
СТ										
DE										
DC										
FL		Х	LLC shares	1	\$25,000				х	
GA		х	LLC shares	1	\$25,000				X	
н										
ID			:							
IL										
IN										
IA										
KS										
KY					,					
LA		Х	LLC shares	1	\$25,200				х	
ME		Х	LLC shares	1	\$25,000				х	
MD							· ·			
MA						-				
MI		х	LLC shares	1	\$30,000				х	
MN										
MS										

1	Intend to sell to non-accredited investors in State (Part B-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)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE						:			
NV									
NH									
NJ		x	LLC shares	2	\$75,000				х
NM									
NY		х	LLC shares	1	\$25,000				x
NC									
ND									
ОН									
ок									
OR		х	LLC shares	1	\$30,000				x
PA			·						
RI									
sc									
SD									
TN									
TX		х	LLC shares	1	\$25,500				х
UT			,						
VT					·				
VA							-		
WA		X	LLC shares	9	\$1,889,99	9 0	0		LX_
WV									
WI									

					DATE (A.C.)				
1		2	3 Type of security		5 Disqualification under State ULOE				
	to non-a	d to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	(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
WY						·			
PR									