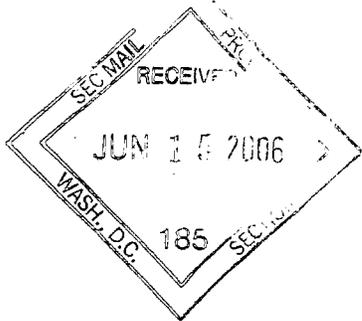


UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

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



OMB APPROVAL

OMB Number: .....  
Expires: .....  
Estimated average burden  
hours per form.....

SEC USE ONLY

\_\_\_\_\_rial

**06039618**

Name of Offering  check if this is an amendment and name has changed, and indicate change.

**Sale and Issuance of Series B-1 Preferred Stock (and the underlying common stock issued upon conversion thereof)**

Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE

Type of Filing:  New Filing  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.

**Attune Systems, Inc.**

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
**3114 Scott Blvd., Santa Clara, CA 95054** (408) 855-1015

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  
(if different from Executive Offices) **same as above**

Brief Description of Business: **Communication Equipment**

**PROCESSED**

Type of Business Organization

corporation  limited partnership, already formed  other (please specify)  
 business trust  limited partnership, to be formed

**JUN 22 2006**

**THOMSON FINANCIAL**

Actual or Estimated Date of Incorporation or Organization: Month Year  Actual  Estimated  
1 1 9 9

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: **C A**)  
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. 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.**

**RT**

**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:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Alan Kessler**Business or Residence Address (Number and Street, City, State, Zip Code): **3114 Scott Blvd., Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Keith Corbin**Business or Residence Address (Number and Street, City, State, Zip Code): **3114 Scott Blvd., Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Barry X Lynn**Business or Residence Address (Number and Street, City, State, Zip Code): **3114 Scott Blvd., Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Peter Loukianoff**Business or Residence Address (Number and Street, City, State, Zip Code): **3114 Scott Blvd., Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Charlie Carinalli**Business or Residence Address (Number and Street, City, State, Zip Code): **1466 Teal Drive, Sunnyvale, CA 94087**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **QTV Capital Limited**Business or Residence Address (Number and Street, City, State, Zip Code): **12930 Saratoga Avenue, Suite D-8, Saratoga CA 95070**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Larry Boucher**Business or Residence Address (Number and Street, City, State, Zip Code): **3114 Scott Blvd., Santa Clara, CA 95054**Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing PartnerFull Name (Last name first, if individual): **Alloy Ventures**Business or Residence Address (Number and Street, City, State, Zip Code): **c/o John Shoch 400 Hamilton Avenue, Palo Alto, CA 94301**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **Media Technology Ventures**

Business or Residence Address (Number and Street, City, State, Zip Code): **c/o Lara Druyan, 100 Hamilton Avenue, Suite 250, Palo Alto, CA 94301**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual): **Rock Creek Partners II, Ltd.**

Business or Residence Address (Number and Street, City, State, Zip Code): **Ashton Hudson, 1200 Riverplace Blvd. #902, Jacksonville, FL 32207**

**B. INFORMATION ABOUT OFFERING**

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.....   | <u>Yes</u>                          | <u>No</u>                           |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. What is the minimum investment that will be accepted from any individual? .....  | \$ .60                              |                                     |
| 3. Does the offering permit joint ownership of a single unit?.....  | <u>Yes</u>                          | <u>No</u>                           |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 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): \_\_\_\_\_

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]  [WA]  [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]  [WA]  [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]  [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 Offering Price	Amount Already Sold
Debt .....	\$ _____	\$ _____
Equity .....	\$ <b>4,000,000.00</b>	\$ <b>3,999,988.20</b>
<input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ <b>0</b>	\$ <b>0</b>
Partnership Interests .....	\$ <b>0</b>	\$ <b>0</b>
Other (Specify _____) .....	\$ <b>0</b>	\$ <b>0</b>
<b>Total</b> .....	<b>\$ 4,000,000.00</b>	<b>\$ 3,999,988.20</b>

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

2. Enter the number of accredited and non-accredited investors who have purchases 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 .....	37	\$ <b>3,999,988.20</b>
Non-accredited Investors .....	0	\$ <b>0</b>
<b>Total (for filings under Rule 504 only)</b> .....	<b>0</b>	<b>\$ 0</b>

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 Offering	Types of Security	Dollar Amount Sold
Rule 505 .....	N/A	\$ <b>N/A</b>
Regulation A .....	N/A	\$ <b>N/A</b>
Rule 504 .....	N/A	\$ <b>N/A</b>
<b>Total</b> .....	<b>N/A</b>	<b>\$ N/A</b>

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 Fee .....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ _____
Legal Fees .....	<input type="checkbox"/>	\$ _____
Accounting Fees .....	<input type="checkbox"/>	\$ _____
Engineering Fees .....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/>	\$ _____
Other Expenses (identify _____) .....	<input type="checkbox"/>	\$ _____
<b>Total</b> .....	<input type="checkbox"/>	\$ _____