

1367907

SEC 1972 (6-02) 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.

OMB Number: 3235-0076  
 Expires: May 31, 2005  
 Estimated average burden

### 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.

### UNITED STATES

### SECURITIES AND EXCHANGE COMMISSION

Washington DC 20549



06039678

PROCESSED  
 JUN 30 2006 E  
 THOMSON  
 FINANCIAL

### FORM D

### NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6) AND/OR

SEC USE ONLY
PrefixSerial
DATE RECEIVED

### UNIFORM LIMITED OFFERING EXEMPTION

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

Biflex Intimates Group, LLC

Filing Under (check box(es) that apply:

[ ] Rule 504 [ ] Rule 505 [ x ] Rule 506 [ ] Section 4(6) [ ] ULOE

Type of Filing: [ x ] 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).  
 Biflex Intimates Group, LLC





**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 in the notice constitutes a part of this notice and must be completed.

## 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 issues and of corporate general and managing partners of partnership issues; and
- \$ Each general and managing partner of partnership issuers.

Check Box(es) that apply:

Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Hamburg Eric R.

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

C/O Industrial Renaissance Inc.

2140 Sturges Highway

Westport, CT 06880

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Check Box(es) that apply:

Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Golden Richard J.

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

C/O Industrial Renaissance Inc.

2140 Sturges Highway

Westport, CT 06880

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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:

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:

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:

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:

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)

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

***B. INFORMATION ABOUT OFFERING***

		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(Answer also in Appendix, Column 2, if filing under ULOE)

2.	What is the minimum investment that will be accepted from any individual? .....	\$3,000.00
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		Yes	No
3.	Does the offering permit joint ownership that will be accepted from any individual? .....	<input type="checkbox"/>	<input checked="" 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) 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  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 securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$	\$
Equity Stock .....	\$	\$
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$	\$
Partnership Interests .....	\$	\$
Other (specify <u>Member Interest</u> ) .....	\$ 581,000.00	\$ 581,000.00
<b>TOTAL .....</b>	<b>\$ 581,000.00</b>	<b>\$ 581,000.00</b>

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 of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	<u>10</u>	<u>\$ 581,000.00</u>
Non-accredited Investors .....	<u>0</u>	<u>\$ 0</u>
TOTAL (for filings under Rule 504 only) .....	<u>0</u>	<u>\$ 0</u>

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, 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	Type of Security	Dollar Amount 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 issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is now know, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	[ ]	\$ _____
Printing and Engraving Costs .....	[ ]	\$ _____
Legal Fees .....	[ ]	\$ _____
Accounting Fees .....	[ ]	\$ _____
Engineering Fees .....	[ ]	\$ _____
Sales Commissions (specify finders' fees separately) .....	[ ]	\$ _____
Other Expenses (identify) _____ .....	[ ]	\$ _____
TOTAL .....	[ ]	\$ <u>0</u>

(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".

\$581,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted 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 . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</u>
(General Manager salary)				
Purchase of real estate . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</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) . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</u>
Repayment of indebtedness . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</u>
Working capital . . . . .	[ ]	\$ <u>0</u>	[ ]	\$ <u>0</u>

Other (specify):

Capital Contribution in Biflex Intimates  
Group, LLC to purchase Basic Percentages

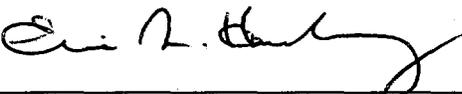
	[ ]	\$ <u>0</u>	[ ]	<u>\$581,000.00</u>
	[ ]	\$ _____	[ ]	\$ _____

COLUMN TOTALS . . . . . [ ] \$ 0 [ ] \$581,000.00

TOTAL PAYMENTS LISTED (column totals added) [ ] \$ 581,000.00

D. FEDERAL SIGNATURE

The issuer has 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) Biflex Intimates Group, LLC	Signature 	Date June 12, 2006
Name of Signer (Print or Type) Eric R. Hamburg	Title of Signer (Print or Type) Manager	

**ATTENTION**

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

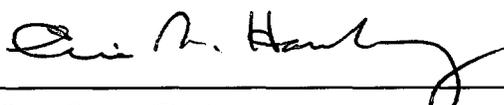
E. STATE SIGNATURE

1. Is any party described in 17CFR 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 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) Biflex Intimates Group, LLC	Signature 	Date June 12, 2006
Name of Signer (Print or Type) Eric R. Hamburg	Title of Signer (Print or Type) Manager	

*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	
		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)	Type of investor and amount purchased in State (Part C - Item 2)				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	
AL										
AK										
AZ										
AR										
CA										
CO										
CT		X	Member Interest	1	\$3,000	0	0		X	
DE										
DC										
FL										
GA		x	Member Interest	1	\$200,000	0	0		x	
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										

MA									
MI									
MN									
MS									
MO									
MY									
NE									
NV									
NH									
NJ		x	Member Interest	3	\$185,000	0	0		X
NM									
NY		x	Member Interest	3	\$83,000	0	0		x
NC									
ND									
OH									
OK									
OR									
PA		x	Member Interest	1	\$100,000	0	0		x
RI									
SC									
SD		X	Member Interest	1	\$10,000	0	0		x
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

**Total** **10** **\$581,000**