FORM D

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

OMI	B APPROVA	L
OMB Number: 3		235-0076
		31, 2002
Estimated av	verage burde	n
hours per	response	1
SEC	C USE ONLY	<u> </u>
Prefix		Serial
DAT	E RECEIVE	D

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Promissory Note Financing ¹	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(5) ULOE
A. BASIC IDENTIFICATION DATA	151 CY , M
 Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Artifact Software, Inc. 	273 2006 B
Address of Executive Offices (Number and Street, City, State, Zip Code) 509 South Exeter Street, Suite 350, Baltimore, MD 21202	Telephone Number (Including Area Code) (410) 468-2570
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Acad Code)
Brief Description of Business Software development	NOV 0 2 2002
Type of Business Organization Corporation	(please specify): FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate: DE

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.

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.

1. Under certain circumstances, the principal and interest due under the notes may be converted into equity securities of the issuer issued in the next equity financing.

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A. BASIC IDENTIFICATION DATA	
 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 Partner	
Full Name (Last name first, if individual)	
Wesker, Mark	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Artifact Software, Inc., 509 South Exeter Street, Suite 350, Baltimore, MD 21202	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Intersouth Partners and related funds	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Attn: Don Rainey, Intersouth Partners, 11951 Freedom Drive, 13th Floor, Reston, VA 20190	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Oglethorpe, Ray	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Artifact Software, Inc., 509 South Exeter Street, Suite 350, Baltimore, MD 21202	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Mid-Atlantic Venture Fund	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Attention: Paul Martin, Mid-Atlantic Venture Fund, 11710 Plaza America Drive, Suite 120, Reston, VA 20190	—
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Burris, John	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Artifact Software, Inc., 509 South Exeter Street, Suite 350, Baltimore, MD 21202	
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)	
c/o Draper Atlantic, 11600 Sunrise Valley Drive, Suite 420, Reston, VA 20191	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	
Full Name (Last name first, if individual) Managing Partner	
Raincy, Don	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Intersouth Partners, 11951 Freedom Drive, 13 th Floor, Reston, VA 20190	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	_

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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) Martin, Paul	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Mid-Atlantic Venture Fund, 11710 Plaza America Drive, Suite 120, Reston, VA 20190	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
	Managing Partner
Full Name (Last name first, if individual) Grovic, Mark	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o New Markets Growth Fund, LLC, 2518 Van Munching Hall, College Park, MD 20742	
Check Box(es) that Apply:	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:	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(cs) 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:	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)	

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				В,	INFOR	RMATION .	ABOUT O	FFERING				
1 11.) de de i	·		45 4	·		1			Yes	No ⊠
1. Ha	as the issuer sold	, or does the i	ssuer intend				_	under ULOE.		••••••	Ы	\boxtimes
2. WI	hat is the minim	um investmen	nt that will be				_			*******************	s	N/A_
				•	-						Yes	No
	es the offering p	-	-	_							\boxtimes	
	iter the informati nuneration for so	-	-				-	-	-			
	rson or agent of a		-									
	aler only.	is to be listed	are associated	ii persons or	such a broke	r or dealer, y	ou may set ic	orm the inform	nation for th	at broker or		
Full Nar	ne (Last name fi	irst, if individ	ual)									
N/A Pusinasa	s or Residence A	ddrose Olum	han and Strac	t City State	7:- Codo							· · · ·
Dusiness	s of Residence A	ragiess (Nuiii	ber and Suee	i, City, State	;, Zip Code)							
Name of	f Associated Bro	ker or Dealer										
States in	Which Person	Listed Has So	licited or Inte	ands to Solic	it Purchasers	;						
(Chec	ck "All States" o	r check indivi	duals States)	***************************************		•••••					□ A	II States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last name f	irst, if individ	ual)									
									<u> </u>			
Business	s or Residence /	Address (Num	ber and Stree	t, City, State	e, Zip Code)							
Name of	f Associated Bro	ker or Dealer				·						
States in	Which Person	Listed Has So	licited or Inte	ends to Solic	it Purchasers	;						
(Chec	ck "All States" o	r check indivi	duals States)		***************************************						☐ Al	ll States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HII)	[ID]
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Full Nar	me (Last name fi	rst, if individ	ual)									
Business	s or Residence A	Address (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	f Associated Bro	ker or Dealer			-							
States in	Which Person i	Listed Has So	licited or Inte	nds to Solic	it Purchasers	<u> </u>						
(Chec	k "All States" o	r check indivi	duals States)	***********	************	**********						l States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	(MI)	[MN]	[MS]	[MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
[R1]		[SD]	(TN)	[TX]	. , [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		- '		lank chaot	or convend					,	r 1	

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	Am	ount Already Sold
	Debt		\$	301u ()
	Equity		\$	0
	Common Preferred	<u> </u>	"	v
	Convertible Securities (including warrants)	\$_1,000,000.00	\$	572,914.47
	Partnership Interests	\$0	\$_	0
	Other (Specify)	\$ <u> </u>	\$	0
	Total	\$1,000,000.00	\$	572,914.47
	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	Do	Aggregate llar Amount f Purchase
	Accredited investors	5	\$	572,914.47
	N. P. II.		e	0
	Non-accredited Investors	0	»	v
3	Total (for filings under Rule 504 only)			
3.	Total (for filings under Rule 504 only)		\$	
3.	Total (for filings under Rule 504 only)	Type of Security	\$	llar Amount
3.	Total (for filings under Rule 504 only)	Type of Security	\$ Doi	llar Amount Sold
3.	Total (for filings under Rule 504 only)	Type of Security	\$ Doi	llar Amount Sold 0
3.	Total (for filings under Rule 504 only)	Type of Security 0 0	\$	Blar Amount Sold 0 0
3.	Total (for filings under Rule 504 only)	Type of Security 0 0	\$	Blar Amount Sold 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0	\$	Blar Amount Sold 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0	Dol \$\$\$\$\$\$\$\$_	Blar Amount Sold 0 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0	Dol \$\$\$\$\$\$\$\$_	Blar Amount Sold 0 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0 0	Dol \$\$\$\$\$\$\$\$_	0 0 0 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0 0	Dol \$\$\$\$\$\$\$\$_	0 0 0 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0 0 0	Dol \$\$\$\$\$\$\$\$_	0 0 0 0 0 0
	Total (for filings under Rule 504 only)	Type of Security 0 0 0 0 0	Dol \$\$\$\$\$\$\$\$_	0 0 0 0 0 0 0 0

5.				ROCEEDS		
		ggregate offering price given in response to Part C - Question 1 at part C - Question 4.a. This difference is the "adjusted gross			\$98	5,000.00
	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.					
			Officers,	nents to Directors & Biates	•	ents To bers
	Salaries and fees		🗆 s	0	□ s	0
	Purchase of real estate		🗆 s	0	□ \$	0
	Purchase, rental or leasing and installa	ation of machinery and equipment	🗆 s	0	□ s	0
	Construction or leasing of plant builds	ings and facilities	🗆 s	0	□ s	0
	Acquisition of other businesses (incluused in exchange for the assets or sec	ding the value of securities involved in this offering that may be urities of another issuer pursuant to a merger)	🗆 s	0	□ s	0
	Repayment of indebtedness		🗆 s	0	□ s	0
	Working capital		🗆 s	0	⊠ \$ <u>98</u>	5.000.00
	Other (specify):		🗀 s	0	□ s	
	Column Totals		🗆 \$	0	⊠ \$ 98	5,000.00
	Total Payments Listed (column (otals added)		⊠ \$ 98		
. :		D. FEDERAL SIGNATURE	- ,	<u> </u>		
under	suer has duly caused this notice to be sig taking by the issuer to furnish the U.S. S lited investor pursuant to paragraph (b)(med by the undersigned duly authorized person. If this notice is filed to occurities and Exchange Commission, upon written request of its staff 2) of Rule 502.	ander Rule 503 f, the informat	i, the following ion furnished b	signature co	nstitutes an lo any non-
	r (Print or Type)	Signature //	Date			
	ct Software, Inc.	Signature II	September	2006		
	e of Signer (Print or Type) A. Wesker	Nite of Signer (Print or Type) President and Chief Executive Officer				