

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

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OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden hours per response. 16.00

SEC USE ONLY						
Prefix		Serial				
DA	TE RECEIVI	ED				

Name of Offering (check if this is an amendm	ent and name has changed, and	indicate change.)		
Filing Under (Check box(es) that apply): Rul Type of Filing: New Filing Amendment	te 504 Rule 505 Rule	506 Section 4(6)	ULOE	
	A. BASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the issue	er		. 1	06066072
Name of Issuer (check if this is an amendment	and name has changed, and ind	licate change.)		
Clear Nano Solutions, Inc.		. ~	•	·
Address of Executive Offices	(Number and Street, Ci		Telephone Number ((Including Area Code)
355 Summer Street	Manchester, MA 0194	b	978-290-1800	
Address of Principal Business Operations (if different from Executive Offices) SAME	(Number and Street, C		Telephone Number 978-290-1800	(Including Area Code)
Brief Description of Business			•.	
biomedical materials for use in medical application	cations		1,	
— , ·	d partnership, already formed d partnership, to be formed	other (p	lease specify):	PROCESSE
Actual or Estimated Date of Incorporation or Organi Jurisdiction of Incorporation or Organization: (Ente			11 .	JAN 1 1 2007 THOMSON FINANCIAL
GENERAL INSTRUCTIONS	.			*
Federal: Who Must File: All issuers making an offering of security 77d(6). When To File: A notice must be filed no later than and Exchange Commission (SEC) on the earlier of the which it is due, on the date it was mailed by United	15 days after the first sale of sec the date it is received by the SEC	curities in the offering. at the address given be	A notice is deemed file	ed with the U.S. Securities
Where To File: U.S. Securities and Exchange Comn	 nission, 450 Fifth Street, N.W.,	Washington, D.C. 205	549.	•
Copies Required: Five (5) copies of this notice must photocopies of the manually signed copy or bear type	t be filed with the SEC, one of v			ot manually signed must be
Information Required: A new filing must contain all thereto, the information requested in Part C, and any r 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 ULOE and that have adopted this form. Issuers rel are to be, or have been made. If a state requires th accompany this form. This notice shall be filed in this notice and must be completed.	lying on ULOE must file a sepa te payment of a fee as a precon	arate notice with the S dition to the claim for	ecurities Administrator the exemption, a fee in	r in each state where sales in the proper amount shall
	ATTENTIO			
Failure to file notice in the appropriate st appropriate federal notice will not result i filing of a federal notice.				
Persons who respor	nd to the collection of infor	mation contained in	n this form are not	· · ·

	A. BASIC ID	ENTIFICATION DATA	Type Carlot	Man 19 That Man	e deserved
2. Enter the information requested for the following	lowing:	•		" '	,
• Each promoter of the issuer, if the iss	uer has been organized	within the past five years;			
Each beneficial owner having the power	er to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of th	ie issuer:
Each executive officer and director of	corporate issuers and o	f corporate general and man	aging partners of p	partnership issuers; and	
Each general and managing partner of	partnership issuers.				•
Check Box(es) that Apply: Promoter	☑ Beneficial Owner	Executive Officer		General and/or Managing Partner	
Full Name (Last name first, if individual) Kelly, Steve		<u></u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and S	Street, City, State, Zip C r, MA 01944	Code)			
Check Box(es) that Apply: Promoter	Z Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if individual)					
Norchi, Terrence		•	•		, .
Business or Residence Address (Number and S	Street, City, State, Zip C	Code)		·	
1 Chieftan Lane, Natick, MA 01760			,		
Check Box(cs) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	,
Full Name (Last name first, if individual) Ellis-Behnke, Rutledge				Ι.	······································
Business or Residence Address (Number and S	Street, City, State, Zip C	Code)		^	
80 Walnut St, #106, Canton, MA 02021	. 1			•	
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 S	Street, City, State, Zip C	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 Address (Number and S	Street, City, State, Zip C	code)			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if individual)		j		**************************************	
Business or Residence Address (Number and S	Street, City, State, Zip C	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 Address (Number and S	Street, City, State, Zip C	ode)			• ,
(Use blan	k sheet, or copy and use	additional copies of this sh	neet as necessary)	• • • • • • • • • • • • • • • • • • • •	

				4	В. 1	NFORMA	TION ABOU	T OFFER	ING"				
ì.	Hac the	iccuer col	d. or does ti	he iccuer i	ntend to se	all to non	-accredited i	nvectore i	n this offer	ina?		Yes 🖂	No
•-	-	133461 301	u, or does t		•		ix, Column 2			-	••••••••••	. L	
2.	What is	the minim	num investn				any individ					s 25	,000.00
2.	Wildt I.	\ \ \	ium mvesm	icht that v	viii be acci	cpied from	any marvio	ai:	••••••	••••••	***************************************	∵ ¶ Yes	No
3.	Does th	ne offering	permit join	t ownersh	ip of a sing	gle unit? .					***************************************		
4.							een or will b						
							isers in conno oker or deale						
	or state	s, list the n	ame of the b	roker or d	ealer. If m	ore than f	ve (5) persoi	ns to be lis	ted are asso				
			· · · · · · · · · · · · · · · · · · ·		e informat	ion for th	at broker or	dealer only	y. 				
Ful No		Last name	first, if ind	ividual)		•	· ·		•				
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)					,	
						j							
Nar	ne of As	sociated B	roker or De	aler			-						
Stat	es in Wi	nich Person	Listed Has	Solicited	or Intend	s to Solici	t Purchasers	· · · · · · · · · · · · · · · · · · ·				-	
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	IL MT	NE NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI		SD	TN	TX	TU	[VT]	VA	WA	WV ·	WI	WY	PR
							,	<u></u>	, جينت				
Full	Name (Last name	first, if indi	ividual)		`					٠		
Bus	iness or	Residence	Address (N	Number ar	d Street, C	City, State	, Zip Code)			 			
							,						
Nan	ne of As:	sociated Bi	oker or Dea	alcr				. ~			•		,
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intend	to Solici	t Purchasers		<u> </u>		1		
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					- 3 tares,							· LJ 1	. States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	[L]	IN .	IA'	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR ^WY	PA PR
					<u> </u>		<u> </u>						
Full	Name (Last name	first, if indi	vidual)	•					•			
Bus	iness or	Residence	: Address (N	Number an	d Street, (City, State	, Zip Code)						
Non		anistad Da	-les es De			<u> </u>							
Nan	ne of As	sociated Bi	oker or Dea	aier				-	,				
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intende	s to Solici	t Purchasers			,	······································	•	
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	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	ĹИ	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. OTEFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

is .

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.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	_ \$	
	Equity	<u> </u>		
	☐ Common ☐ Preferred	***		
	Convertible Securities (including warrants)	350,000.00	s	245,000.00
	Partnership Interests			
	Other (Specify)			
	Total			245,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	1	_ `	
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	7	_ '	§ 245,000.00
	Non-accredited Investors		_ :	§_0.00
	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 Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		S
	Regulation A			\$
	Rule 504			5 S
	Total		_	0.00
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		_ s	0.00
	Printing and Engraving Costs			500.00
	Legal Fees	_		12,000.00
	Accounting Fees			
	Engineering Fees	<u>-</u>		0.00
	Sales Commissions (specify finders' fees separately)			0.00
	Other Expenses (identify) travel			1,500.00
	Total		_ ^ Z) \$	14,000.00

	and total expenses furnished in response to	gate offering price given in response to Part C — Qu Part C — Question 4.a. This difference is the "adjust	ted gross	336000 ., \$
i.	each of the purposes shown. If the amou	gross proceed to the issuer used or proposed to be ant for any purpose is not known, furnish an esting the total of the payments listed must equal the adjust se to Part C — Question 4.b above.	nate and	
	Salaries and fees		Payments to Officers, Directors, & Affiliates	Payments to Others
	Purchase of real estate		s_0	_ <u> </u>
	Purchase, rental or leasing and installation			s
	Construction or leasing of plant building	s and facilities		_ 🗆 \$
	affaring that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		\$
	Repayment of indebtedness	;	\(\s_0 \)	_
	Working capital			_Б Д § 116000
	Other (specify): OUTSOURCED PEPT	IDE MANUFACTURING, IP FILINGS	<u></u> \$	\$ 120000
			\$	_ 🗆 \$
	Column Totals	l		≥ \$_236000
		ded)	9	336000
		D. FEDERAL SIGNATURE		
ig	nature constitutes an undertaking by the iss	ned by the undersigned duly authorized person. If the suer to furnish to the U.S. Securities and Exchange of non-accredited investor pursuant to paragraph (1)	his notice is filed under F Commission, upon writ	ten request of its staff
SS	uer (Print or Type)	Signature	Date	
CI	ear Nano Solutions, Inc.	Tomere W. Nordin	12/20/06	
Vа	me of Signer (Print or Type)	Title of Signer (Print or Type)		
eı	rence W. Norchi	President		

ATTENTION