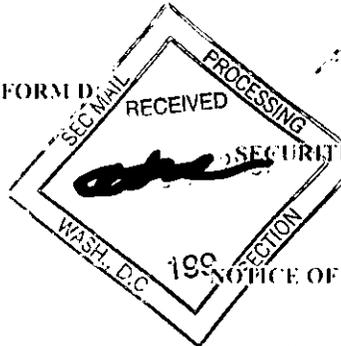


1205931



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:	3235-0076
Expires:	April 30, 2008
Estimated average burden hours per response.....	16.00

Prefix \_\_\_\_\_

\_\_\_\_\_ ONLY

07043513

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

Series A Preferred Stock

Filing Under (Check boxes) 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)

Author Solutions, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)

1663 Liberty Drive, Suite 200, Bloomington, IN 47403

Telephone Number (Including Area Code)

812-339-6000

Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

Brief Description of Business

self publishing company, providing premier book publishing and marketing services for authors

Type of Business Organization

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

Actual or Estimated Date of Incorporation or Organization 01 2007  Actual  Estimated

Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State DE, CN for Canada, FN for other foreign jurisdiction)

PROCESSED

FEB 12 2007



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 USC 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.

When to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., 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 I 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 a 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.

Handwritten signature

**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 Partner

Full Name (Last name first, if individual)

**Book Investments, LLC**

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

1117 California Avenue, Palo Alto, California 94304

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

Full Name (Last name first, if individual)

**Smith, Bryan**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**Drazan, Jeff**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**Craig, Ryan**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**Ruger, Jared**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**Long, Tom**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**Senft, Herb**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

Full Name (Last name first, if individual)

**McCauley, Dave**

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

c/o Author Solutions, Inc., 1663 Liberty Dr., Suite 200, Bloomington, IN 47403

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

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes  No   
 Answer also in Appendix, Column 2 of filing under 17 CFR
2. What is the minimum investment that will be accepted from any individual? \$ n/a  
 Yes  No
3. Does the offering permit joint ownership of a single unit? Yes  No
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)  
**None**

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)

<input type="checkbox"/> [AL]	<input type="checkbox"/> [AK]	<input type="checkbox"/> [AZ]	<input type="checkbox"/> [AR]	<input type="checkbox"/> [CA]	<input type="checkbox"/> [CO]	<input type="checkbox"/> [CT]	<input type="checkbox"/> [DE]	<input type="checkbox"/> [DC]	<input type="checkbox"/> [FL]	<input type="checkbox"/> [GA]	<input type="checkbox"/> [HI]	<input type="checkbox"/> [ID]
<input type="checkbox"/> [IL]	<input type="checkbox"/> [IN]	<input type="checkbox"/> [IA]	<input type="checkbox"/> [KS]	<input type="checkbox"/> [KY]	<input type="checkbox"/> [LA]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MD]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MI]	<input type="checkbox"/> [MN]	<input type="checkbox"/> [MS]	<input type="checkbox"/> [MO]
<input type="checkbox"/> [MT]	<input type="checkbox"/> [NE]	<input type="checkbox"/> [NV]	<input type="checkbox"/> [NH]	<input type="checkbox"/> [NJ]	<input type="checkbox"/> [NM]	<input type="checkbox"/> [NY]	<input type="checkbox"/> [NC]	<input type="checkbox"/> [ND]	<input type="checkbox"/> [OH]	<input type="checkbox"/> [OK]	<input type="checkbox"/> [OR]	<input type="checkbox"/> [PA]
<input type="checkbox"/> [RI]	<input type="checkbox"/> [SC]	<input type="checkbox"/> [SD]	<input type="checkbox"/> [TN]	<input type="checkbox"/> [TX]	<input type="checkbox"/> [UT]	<input type="checkbox"/> [VT]	<input type="checkbox"/> [VA]	<input type="checkbox"/> [WA]	<input type="checkbox"/> [WV]	<input type="checkbox"/> [WI]	<input type="checkbox"/> [WY]	<input type="checkbox"/> [PR]

All States

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)

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<input type="checkbox"/> [IL]	<input type="checkbox"/> [IN]	<input type="checkbox"/> [IA]	<input type="checkbox"/> [KS]	<input type="checkbox"/> [KY]	<input type="checkbox"/> [LA]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MD]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MI]	<input type="checkbox"/> [MN]	<input type="checkbox"/> [MS]	<input type="checkbox"/> [MO]
<input type="checkbox"/> [MT]	<input type="checkbox"/> [NE]	<input type="checkbox"/> [NV]	<input type="checkbox"/> [NH]	<input type="checkbox"/> [NJ]	<input type="checkbox"/> [NM]	<input type="checkbox"/> [NY]	<input type="checkbox"/> [NC]	<input type="checkbox"/> [ND]	<input type="checkbox"/> [OH]	<input type="checkbox"/> [OK]	<input type="checkbox"/> [OR]	<input type="checkbox"/> [PA]
<input type="checkbox"/> [RI]	<input type="checkbox"/> [SC]	<input type="checkbox"/> [SD]	<input type="checkbox"/> [TN]	<input type="checkbox"/> [TX]	<input type="checkbox"/> [UT]	<input type="checkbox"/> [VT]	<input type="checkbox"/> [VA]	<input type="checkbox"/> [WA]	<input type="checkbox"/> [WV]	<input type="checkbox"/> [WI]	<input type="checkbox"/> [WY]	<input type="checkbox"/> [PR]

All States

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)

<input type="checkbox"/> [AL]	<input type="checkbox"/> [AK]	<input type="checkbox"/> [AZ]	<input type="checkbox"/> [AR]	<input type="checkbox"/> [CA]	<input type="checkbox"/> [CO]	<input type="checkbox"/> [CT]	<input type="checkbox"/> [DE]	<input type="checkbox"/> [DC]	<input type="checkbox"/> [FL]	<input type="checkbox"/> [GA]	<input type="checkbox"/> [HI]	<input type="checkbox"/> [ID]
<input type="checkbox"/> [IL]	<input type="checkbox"/> [IN]	<input type="checkbox"/> [IA]	<input type="checkbox"/> [KS]	<input type="checkbox"/> [KY]	<input type="checkbox"/> [LA]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MD]	<input type="checkbox"/> [MA]	<input type="checkbox"/> [MI]	<input type="checkbox"/> [MN]	<input type="checkbox"/> [MS]	<input type="checkbox"/> [MO]
<input type="checkbox"/> [MT]	<input type="checkbox"/> [NE]	<input type="checkbox"/> [NV]	<input type="checkbox"/> [NH]	<input type="checkbox"/> [NJ]	<input type="checkbox"/> [NM]	<input type="checkbox"/> [NY]	<input type="checkbox"/> [NC]	<input type="checkbox"/> [ND]	<input type="checkbox"/> [OH]	<input type="checkbox"/> [OK]	<input type="checkbox"/> [OR]	<input type="checkbox"/> [PA]
<input type="checkbox"/> [RI]	<input type="checkbox"/> [SC]	<input type="checkbox"/> [SD]	<input type="checkbox"/> [TN]	<input type="checkbox"/> [TX]	<input type="checkbox"/> [UT]	<input type="checkbox"/> [VT]	<input type="checkbox"/> [VA]	<input type="checkbox"/> [WA]	<input type="checkbox"/> [WV]	<input type="checkbox"/> [WI]	<input type="checkbox"/> [WY]	<input type="checkbox"/> [PR]

All States

(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.

	Aggregate Offering Price	Amount Already Sold
Type of Security		
Debt	\$ _____	\$ _____
Equity	\$ <u>6,500,000</u>	\$ <u>6,500,000</u>
<input type="checkbox"/> Common		
<input checked="" type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ _____	\$ _____
Partnership Interests	\$ _____	\$ _____
Other (Specify _____)	\$ _____	\$ _____
Total	\$ <u>6,500,000</u>	\$ <u>6,500,000</u>

Answer also in Appendix, Column 3, if filing under U101

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>1</u>	\$ <u>6,500,000</u>
Non-accredited Investors	_____	\$ _____
Total (for filings under Rule 504 only)	_____	\$ _____

Answer also in Appendix, Column 4, if filing under U101

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 Security	Dollar Amount Sold
Type of offering		
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 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	<input checked="" type="checkbox"/>	\$ <u>50,000</u>
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (identify _____)		\$ _____
Total	<input checked="" type="checkbox"/>	\$ <u>50,000</u>

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

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" \$ 6,450,000

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	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase of real estate	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Acquisition of other business (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)	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Repayment of indebtedness	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Working capital	<input checked="" type="checkbox"/>	\$ _____	<input checked="" type="checkbox"/>	<u>\$ 6,450,000</u>
Other (specify): _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
_____		\$ _____	<input type="checkbox"/>	\$ _____
_____		\$ _____	<input type="checkbox"/>	\$ _____
Column Totals		\$ _____	<input checked="" type="checkbox"/>	<u>\$ 6,450,000</u>
Total Payments Listed (column totals added)			<input checked="" type="checkbox"/>	<u>\$ 6,450,000</u>

**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) <b>Author Solutions, Inc.</b>	Signature	Date January 26, 2007
Name of Signer (Print or Type) <b>Bryan Smith</b>	Title of Signer (Print or Type) Chief Executive Officer, President and Director	

**ATTENTION**

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

<PAGE> 3

EXCLUSIVE LICENSE AGREEMENT

(c) freight out, postage, shipping and insurance charges for delivery if and to the extent included in the amount invoiced to the Third Party; and

(d) taxes or duties levied on, absorbed or otherwise imposed on such sale or performance, including value-added taxes, or other governmental charges otherwise imposed upon the billed amount, as adjusted for rebates and refunds, to the extent not paid by the Third Party.

Net Sales shall not include any payments among IMI, its Affiliates and Sublicensed Third Parties. Net Sales shall be determined in accordance with generally accepted accounting principles, consistently applied. Net Sales shall not include sales or performances of Licensed Products & Methods for clinical studies (including post-approval studies), as donations to non-profit institutions or government agencies, for promotional or demonstration purposes (but not to exceed three percent (3%) of Net Sales in any calendar year for such purposes), or for research or development by IMI or any Sublicensees.

In the event that a Licensed Product is sold, or a Licensed Method is performed, in any country in the form of a combination product or service containing or using, respectively, one or more articles, devices, components or methods that are not Licensed Products & Methods hereunder (each, a "Non-Product Component"), Net Sales of such combination product/service shall be adjusted as follows:

(1) First, actual Net Sales of such combination product/service in such country for the applicable calendar quarter calculated pursuant to this Section 1.13 shall be multiplied by the fraction  $A/(A+B)$ , where A is the average price in such country for such calendar quarter of the Licensed Products & Methods and B is the invoice price in such country for such calendar quarter of all Non-Product Components in such combination product/service, provided that all such Licensed Products & Methods and Non-Product Components are sold/performed separately in such country in such calendar quarter.

(2) Second, if in a specific country over such calendar quarter, such Non-Product Components in such combination product/service are not sold/performed separately in such country in such calendar quarter, Net Sales shall be calculated by multiplying actual Net Sales of such combination product/service calculated pursuant to this Section 1.13 by the fraction  $A/C$ , where A is the average price in such country for such calendar quarter of such Licensed Products & Methods and C is the average price in such country for such calendar quarter of such combination product/service.

(3) Third, if in a specific country over such calendar quarter, such Licensed Products & Methods are not sold/performed separately, Net Sales shall be calculated by multiplying actual Net Sales of such combination product/service calculated pursuant to Section 1.13 by the fraction  $(C-B)/C$ , where B is the average price in such country for such calendar quarter of all such Non-Product Components in such combination product/service and C is the average price in such country for such calendar quarter of such combination product/service

(4) Fourth, if, in a specific country over such calendar quarter, both such Licensed Products & Methods and such Non-Product Components are not sold separately, a market price for such Licensed Products & Methods and all such Non-Product Components shall be negotiated by the parties in good faith based upon the costs, overhead and profit as are then incurred for such combination product/service, the apportionment of Net Sales as provided in clauses (1) to (3) above in other countries for such calendar quarter if available, and all other products, articles, devices, components or methods then being sold or performed by IMI and its Sublicensees and having an ascertainable market price.

1.14 "NS" means the Feinstein Institute for Medical Research, formerly known as North Shore Long Island Jewish Research Institute.

1.15 "NS License" means that certain Sponsored Research and License Agreement, effective as of January 1, 2003, by and between Licensor and NS, as amended by (i) that certain Amendment No. 1 dated June 1, 2006 and (ii) that certain Amendment No. 2 ~~to be entered into after the Effective Date~~, and as may further be amended, restated, waived or changed as contemplated by Section 2.3(d).

3

dated January 8, 2007,

END