

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



1162192

OMB APPROVAL	
OMB Number:	
Expires:	April 30, 2008
Estimated average burden hours per response	16



Name of Offering (check if this is an amendment and name has changed, and indicate change.)
AVALON PHARMACEUTICALS, INC. COMMON STOCK OFFERING

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.)

Avalon Pharmaceuticals, Inc.

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

20358 Seneca Meadows Parkway, Germantown, Maryland 20876 | 301/556-9900

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

Brief Description of Business:
Avalon Pharmaceuticals is a fully integrated drug discovery organization, with novel approaches to the screening, characterization and optimization of new drugs.

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: Month [11] Year [1999] Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [DE]

PROCESSED

FEB 16 2007

THOMSON
FINANCIAL

1/ The Corporation was originally incorporated under the name Therapeutic Genomics, Inc., a Delaware corporation.
SEC 1972 (6-02) Persons who 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.

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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.

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.

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 Partner

Full Name (Last name first, if individual)

Carter, Ph.D., Kenneth C.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Lessing, Gary

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

David, Thomas G.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Bol, Ph.D., David K.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Hamilton, M.D., Michael

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Muth, David D.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

A. BASIC IDENTIFICATION DATA

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

Full Name (Last name first, if individual)

Walton, Dr. Alan G.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Kabakoff, Dr. David S.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Kurman, Dr. Michael R.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Lorimier, Bradley G.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Royston, Dr. Ivor

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Scott, Dr. William A.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

A. BASIC IDENTIFICATION DATA

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

Full Name (Last name first, if individual)

Van Beneden, Patrick

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Washecka, William H.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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

Full Name (Last name first, if individual)

Whitaker, Dr. Raymond J.

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

c/o Avalon Pharmaceuticals, Inc., 20358 Seneca Meadows Parkway, Germantown, Maryland 20876

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, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$NONE
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. Yes No

Full Name (Last name first, if individual)

Trout Capital LLC

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

740 Broadway, 9th Floor, New York, NY 10003

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

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> CO	<input checked="" 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"/> ME	<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"/> MI	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input checked="" 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

B. INFORMATION ABOUT OFFERING

Full Name (Last name first, if individual)

W.R. Hambrecht + Co., LLC

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

539 Bryant Street, Suite 100, San Francisco, CA 94107

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

<input type="checkbox"/> A L	<input type="checkbox"/> A K	<input type="checkbox"/> A Z	<input type="checkbox"/> A R	<input checked="" type="checkbox"/> C A	<input type="checkbox"/> C O	<input checked="" type="checkbox"/> C T	<input type="checkbox"/> D E	<input type="checkbox"/> D C	<input type="checkbox"/> F L	<input type="checkbox"/> G A	<input type="checkbox"/> H I	<input type="checkbox"/> I D
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<input type="checkbox"/> M I	<input type="checkbox"/> N E	<input type="checkbox"/> N V	<input type="checkbox"/> N H	<input type="checkbox"/> N J	<input type="checkbox"/> N M	<input checked="" type="checkbox"/> N Y	<input type="checkbox"/> N C	<input type="checkbox"/> N D	<input type="checkbox"/> O H	<input type="checkbox"/> O K	<input type="checkbox"/> O R	<input type="checkbox"/> P A
<input type="checkbox"/> R I	<input type="checkbox"/> S C	<input type="checkbox"/> S D	<input type="checkbox"/> T N	<input type="checkbox"/> T X	<input type="checkbox"/> U T	<input type="checkbox"/> V T	<input type="checkbox"/> V A	<input type="checkbox"/> W A	<input type="checkbox"/> W V	<input type="checkbox"/> W I	<input type="checkbox"/> W Y	<input type="checkbox"/> P R

Full Name (Last name first, if individual)

Susquehanna Financial Group, LLLP

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

Metro Center, One Station Place, 5th Floor North, Stamford, CT 06902

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

<input type="checkbox"/> A L	<input type="checkbox"/> A K	<input type="checkbox"/> A Z	<input type="checkbox"/> A R	<input checked="" type="checkbox"/> C A	<input type="checkbox"/> C O	<input checked="" type="checkbox"/> C T	<input type="checkbox"/> D E	<input type="checkbox"/> D C	<input type="checkbox"/> F L	<input type="checkbox"/> G A	<input type="checkbox"/> H I	<input type="checkbox"/> I D
<input type="checkbox"/> I L	<input type="checkbox"/> I N	<input type="checkbox"/> I A	<input type="checkbox"/> K S	<input type="checkbox"/> K Y	<input type="checkbox"/> L A	<input type="checkbox"/> M E	<input type="checkbox"/> M D	<input checked="" type="checkbox"/> M A	<input type="checkbox"/> M I	<input type="checkbox"/> M N	<input type="checkbox"/> M S	<input type="checkbox"/> M O
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<input type="checkbox"/> R I	<input type="checkbox"/> S C	<input type="checkbox"/> S D	<input type="checkbox"/> T N	<input type="checkbox"/> T X	<input type="checkbox"/> U T	<input type="checkbox"/> V T	<input type="checkbox"/> V A	<input type="checkbox"/> W A	<input type="checkbox"/> W V	<input type="checkbox"/> W I	<input type="checkbox"/> W Y	<input type="checkbox"/> P R

Full Name (Last name first, if individual)

Rodman & Renshaw, LLC

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

1270 Avenue of the Americas, New York, NY 10020

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

<input type="checkbox"/> A L	<input type="checkbox"/> A K	<input type="checkbox"/> A Z	<input type="checkbox"/> A R	<input checked="" type="checkbox"/> C A	<input type="checkbox"/> C O	<input checked="" type="checkbox"/> C T	<input type="checkbox"/> D E	<input type="checkbox"/> D C	<input type="checkbox"/> F L	<input type="checkbox"/> G A	<input type="checkbox"/> H I	<input type="checkbox"/> I D
<input type="checkbox"/> I L	<input type="checkbox"/> I N	<input type="checkbox"/> I A	<input type="checkbox"/> K S	<input type="checkbox"/> K Y	<input type="checkbox"/> L A	<input type="checkbox"/> M E	<input type="checkbox"/> M D	<input checked="" type="checkbox"/> M A	<input type="checkbox"/> M I	<input type="checkbox"/> M N	<input type="checkbox"/> M S	<input type="checkbox"/> M O
<input type="checkbox"/> M I	<input type="checkbox"/> N E	<input type="checkbox"/> N V	<input type="checkbox"/> N H	<input type="checkbox"/> N J	<input type="checkbox"/> N M	<input checked="" type="checkbox"/> N Y	<input type="checkbox"/> N C	<input type="checkbox"/> N D	<input type="checkbox"/> O H	<input type="checkbox"/> O K	<input type="checkbox"/> O R	<input type="checkbox"/> P A
<input type="checkbox"/> R I	<input type="checkbox"/> S C	<input type="checkbox"/> S D	<input type="checkbox"/> T N	<input type="checkbox"/> T X	<input type="checkbox"/> U T	<input type="checkbox"/> V T	<input type="checkbox"/> V A	<input type="checkbox"/> W A	<input type="checkbox"/> W V	<input type="checkbox"/> W I	<input type="checkbox"/> W Y	<input type="checkbox"/> P R

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 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	Total Aggregate Offering Price	Amount of Purchase Price
Debt.....	\$ 0	\$ 0
Equity.....	\$ 10,020,000.00	\$ 10,020,000.00

Offering of up to 3,000,000 shares of Common Stock, par value \$0.01 per share.
At closing, 3,000,000 shares were sold and issued.

Preferred Stock - NONE

Convertible Securities:	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other	\$ 0	\$ 0
Total.....	\$ 10,020,000.00	\$ 10,020,000.00

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 Initial Sales
Accredited Investors	17	\$ 10,020,000.00
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A

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.....	N/A	\$ 0
Regulation A	N/A	\$ 0
Rule 504.....	N/A	\$ 0
Total	N/A	\$ 0

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

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	<input type="checkbox"/>	\$	<u>0</u>
Printing and Engraving Costs.....	<input type="checkbox"/>	\$	<u>0</u>
Legal Fees	<input type="checkbox"/>	\$	<u>25,000</u>
Accounting Fees	<input type="checkbox"/>	\$	<u>7,000</u>
Engineering Fees	<input type="checkbox"/>	\$	<u>0</u>
Sales Commissions (Placement agent fees).....	<input type="checkbox"/>	\$	<u>450,000</u>
Other Expenses (identify)	<input type="checkbox"/>	\$	<u>0</u>
Total.....	<input type="checkbox"/>	\$	<u>482,000</u>

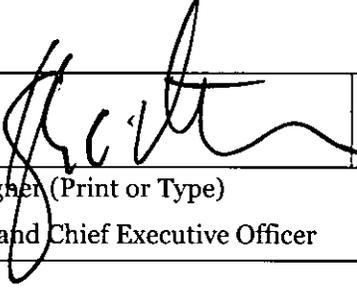
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4a. This difference is the “adjusted gross proceeds to the issuer.” \$9,538,000

5. Indicate below the amount of the adjusted gross proceed 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.

	<input type="checkbox"/>	\$	Payments to Officers, Directors, & Affiliates	<input type="checkbox"/>	\$	Payments to Others
Salaries and fees.....	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Purchase of real estate	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<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)	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Repayment of indebtedness upon conversion of outstanding debt.....	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Working capital used for general corporate purposes	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>9,538,000.00</u>
Other (specify):	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>0</u>
Column Totals	<input type="checkbox"/>	\$	<u>0</u>	<input type="checkbox"/>	\$	<u>9,538,000.00</u>
Total Payments Listed (column totals added).....	<input type="checkbox"/>	\$	<u>9,538,000.00</u>			

D. FEDERAL SIGNATURE – AVALON PHARMACEUTICALS, INC.

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) Avalon Pharmaceuticals, Inc.	Signature 	Date February 5, 2007
Name of Signer (Print or Type) Kenneth C. Carter, PhD	Title of Signer (Print or Type) President and Chief Executive Officer	

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

END