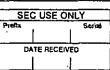
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: Expires: Estimated average burden hours per response. 16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)	TO ALL
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE SECULOR PROPERTY OF THE P
A. BASIC IDENTIFICATION DATA	1\frac{2}{5}\ \frac{1}{7}\ \frac{1}\ \frac{1}{7}\ \frac{1}{7}\ \frac{1}{7}\ \frac{1}\ \frac{1}{7}\ \frac{1}\ 1
1. Enter the information requested about the issuer	2000
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Aviosery Holdings, Inc.	[7] 786 TION
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area)
11611 San Vicente Ave., Suite 1000, Los Angeles, CA 90049	(310) 979-9090
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Investments	550050055
Type of Business Organization	PROCESSED
	lease specify):
business trust limited partnership, to be formed	APR 2 3 2007
Month Year	
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	DE FINANCIAL

Federal:

FORM D

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.

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.

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 predictated on the filing of a federal notice.

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.

1 of 9

LA 40376544.1

		Historia	STORY GALLOS ON THE		沙西拉加加加加 拉斯泰尔
2. Enter the information re	equested for the fol	llowing:	·		
 Each promoter of 	the issuer, if the is	suer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of p	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Henry J. Brandon, III				<u> </u>	
Full Name (Last name first, i	f individual) .	•			
11611 San Vicente A	ve., Suite 100	00, Los Angeles, Ca	A 90049	 	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	•	
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Sxecutive Officer	Director	General and/or Managing Partner
Susan Yun					
Full Name (Last name first, i	f individual)				•
11611 San Vicente A					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Mark A. Sampson				· · · · · · · · · · · · · · · · · · ·	Managing Partner
Full Name (Last name first, i	f individual)				
11611 San Vicente A	ve., Suite 100	00, Los Angeles, C	A 90049		· · ·
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Thomas Gehring	E in all sides at				-
Full Name (Last name first, i					
6495 Marindustry Dri Business or Residence Addre	ive, San Diego ss (Number and	O, CA 92121 Street, City, State, Zip Co	ode)		
		P3 p 6116		P 5'	5.0-1-4
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
incox bux(ca) mat repriy.		·			Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	33 (Number and	Street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)			·	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		······································
				<u> </u>	
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

						TO EVER	on week	DOFFER	vici)				
1.	Has the	issuer sold	i, or does th	ne issuer in	ntend to se	l), to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No ☑
	Answer also in Appendix, Column 2, if filing under ULOE.											حيق.	
2.											s	N/A	
3.	Does th	e offering	permit joint	ownershi	n of a sing	le unit?					•	Yes 7	No
4.			ion request										النا
••	commis lfa pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass ame of the b you may s	ration for s lociated pe roker or de	colicitation rson or ago caler. If mo	of purchase at of a brok ore than five	ers in conne or or deale (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	purities in the EC and/or	he offering. with a state		
Ful	l Name (l	Last name	first, if indi	vidual)									
Bus	sin css or	Residence	Address (N	umber and	i Street, Ci	ity, State, 2	ip Code)						
, No.		indiated D	oker or De				<u> </u>						·
1487	ne oi Ass	socialed Bl	oxer or De	alct.			,	•			•		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			•			<u>-</u>
٠	(Check	"All States	or check	individual	States)	••••••••••••••••••••••••••••••••••••••		******************	***************************************	*********		□ A	II States
	AL	AK.	AZ	AR	ŒΑ	CO	CT	DE	DC	FL	GA	H	ĪĎ
	TL	M	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
•	MT	NE	NV	\overline{H}	M	\overline{M}	NY)	NC)	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX		[<u>V1</u>]	VA	WA	WV	W)	WY	PR
Ful	l Name (Last name	first, if indi	vidual)							_		
Bus	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State,	Zip Code)						
Nau	ne of Ass	sociated B	oker or De	alcr						•			
_													
Sta			Listed Has " or check										di States
	(Circox	THE STATES	or check		· ·	****************	******* *** *** *** ***	***************************************	****************	****************	*************		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA		<u> </u>
		И	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NY	NH	NI	NM)	NY NET	NC	ND)	OH	OK.	OR	PA
 -	RY	[SC]	SD	<u>[TN]</u>	TX	<u>(UT</u>	<u>[VT]</u>	[<u>V</u> A]	WA	WV]		<u>(VY)</u>	PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				<u>;</u>		
Nai	nc of As:	sociated Br	oker or De	aler .	. *							,	<u> </u>
Sta	les in Wh	ich Person	Listed Has	Solicited	or intends	to Solicit	Purchasers			· ·			
	(Check	"All States	s" or check	individual	States)	************			1****	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ A	.II States
	(AL)	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	H	(<u>a</u>
	Ī	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	N)	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	(VY)	VA	WA	$\nabla \nabla$	WI	$\overline{\mathbf{WY}}$	PR

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

	APPLANTED IN THE PROPERTY OF T	kodensky.	
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 \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt		c .
	Equity		
	Common Preferred	<u> </u>	
	Convertible Securities (including warrants)	4.000.000	s 4.000.000
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	4,000,000	3_ 4,000,000
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	2	s 4,000,000
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		\$ 4,000,000
	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	Dollar Amount
	Rule S05	Security	Sold
			\$
	Regulation A		\$
	Rule 504		\$ 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.		\$ 0.00
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Focs	انبينا	s 100,000
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		s 100,000

		SINES VIBUSTOS EXPERIA	tvestori to ordasion.	
631131	and total expenses furnished in response to Pa	ate offering price given in response to Part C — art C — Question 4.a. This difference is the "ac	djusted gross	s 3,900,000
5.	each of the purposes shown. If the amount	ross proceed to the issuer used or proposed to t for any purpose is not known, furnish an e total of the payments listed must equal the ad to Part C — Question 4.b above.	stimate and	,
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	\$
	Purchase of real estate		s	_ 🗀 s
	Purchase, rental or leasing and installation	of machinery		
			-	
		and facilities		∐³
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	.	_ [] s_3,900,000	
		-		
	Working capital			
	Other (specify):			_ <u></u> s
				_ D\$
	Column Totals :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 0.00	∑ \$ <u>3,900,000</u>
		d)		3,900,000
		PRESIDENT REDENAL STONE OF THE	ANTERNA TRANSPORT	
sign	ature constitutes an undertaking by the issue	d by the undersigned duly authorized person. or to furnish to the U.S. Securities and Excha non-accredited investor pursuant to paragrap	inge Commission, upon writt	ule 505, the following en request of its staff,
Īssu	er (Print or Type)	Signature	Date	
A۷	oserv Holdings, Inc.	My 1 Med I	April <u> </u>	07
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	nry J. Brandon, III	Chief Executive Officer		

- ATTENTION

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

N/A

		ning distribution in the solution of the solut			問酬問				
l.	Is any party described in 17 CFF provisions of such rule?	R 230.262 presently subject to any of the di	squalification	Yes 	No				
		See Appendix, Column 5, for state	response.						
2.	The undersigned issuer hereby un D (17 CFR 239.500) at such tim	dertakes to furnish to any state administrators as required by state law.	of any state in which this notice	is filed a no	tice on Form				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	limited Offering Exemption (UL)	ts that the issuer is familiar with the condit OE) of the state in which this notice is filed a of establishing that these conditions have	and understands that the issuer c						
	er has read this notification and kno thorized person.	ows the contents to be true and has duly cause	d this notice to be signed on its be	half by the	undersigned				
ssuer (Print or Type)	Signature	Date	· · · · · · · · · · · · · · · · · · ·					
Vame (I	Print or Type)	Title (Print or Type)	<u></u>						

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.

					PENDIND				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		5 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								i	
AZ							,		
AR		- M-14 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			- .				
CA					. <u> </u>				
co									
СТ							-		
DE				· · ·					
DC									<u> </u>
FL									
GA									
HI									
ID							· · · · · · · · · · · · · · · · · · ·		
IL			•						
īN								i	
IA					<u> </u>				
KS									
KY							•		
LA									
ME									
MD									
MA	<u> </u>	<u> </u>			į				<u> </u>
MI									
MN							<u> </u>		
MS	<u>[</u>]								

1	Intend to non-a investor	2 to sell accredited s in State -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)			5 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	
МО			·							
MT.										
NE										
NV										
NH									[j	
NJ	·									
NM										
NY							_			
NC						·				
ND	***************************************								[
ОН					,					
ок										
ÓR										
PA	L									
RI								101.00	;	
sc										
SD										
TN									. ;	
TX			,							
UT										
VT		41-9-0-0-1111								
VA	· (
WA										
wv									<u> </u>	
WI										

1		2	3		4								
								Ι.		Disq		Disqua	lification
1 1	V	14 11	Type of security						ate ULOE				
		to sell ccredited	and aggregate offering price		Type of investor and				, attach				
		s in State	offered in state	Type of investor and amount purchased in State				explanation of waiver granted)					
		-Item 1)	(Part C-Item I)		(Part C-Item 2)			(Part E-Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													