**FORM D** 



07052359

ED STATES XCHANGE COMMISSION on, D.C. 20549

JRM 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 EXECUTED Estimated average burden Expires: March 30, 2008 hours per form.....1

SEC USE ONLY				
Prefix	Serial			
DA	E RECEIVED			

Name of Offering ( check if this is an a	amendment and name has cha	nged, and indicate chang	(c.)	1000000
Limited Partnership Interests in DAG-		·	•	139 8 579
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	<b>☑</b> Rule 506	☐ Section 4(6) ☑ ULOE
Type of Filing:		New Filin	g [	Amendment
<del></del>	A. BA	ASIC IDENTIFICATION	ON DATA	
1. Enter the information requested about	ut the issuer			
Name of Issuer ( check if this is an am	endment and name has change	ed, and indicate change.)	)	
DAG-Peak Broadcasting, L.P.				
Address of Executive Offices	(Number and	Street, City, State, Zip (	Code) Telephone Numb	er (Including Area Code)
Two Embarcadero Center, Suite 2300,	San Francisco, California 9	4111	(415) 788	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, St	ate, Zip Code)	Telephone Numb	er (Inclu <b>PROCESSED</b>
Brief Description of Business Venture capital investment partnership	р	•		1 2007 K
Type of Business Organization				<del></del>
☐ corporation	🗷 limited partnership, al	lready formed	other:	THUNSUN
☐ business trust	☐ limited partnership, to b	oe formed		FINANCIAL
		Month	Year	
Actual or Estimated Date of Incorporation	n or Organization:	03	2007	■ Actual □ Estimated
Jurisdiction of Incorporation or Organizat	tion: (Enter two-letter U.S	. Postal Service abbrevia	ation for State:	E Actual Committee
	·	for other foreign jurisdict		ne ·

# GENERAL INSTRUCTIONS

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.

# 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 Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General Partner of the Partnership (the "General Partner")
Full Name (Las DAG-Peak, LI	t name first, if individual)	····			
Business or Res	idence Address (Number and	Street, City, State, Zip Code)			- Wiles
Check Boxes	Promoter	Francisco, California 94111  Beneficial Owner	☐ Executive Officer	Director	Other: Manager of the
that Apply:		Beneficial Owner	Executive Officer	□ Director	General Partner
Full Name (Las John M. Duff,	t name first, if individual)  Jr.				
		Street, City, State, Zip Code) Francisco, California 94111			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	Other: Manager of the General Partner
Full Name (Las James McBrid	t name first, if individual) e				
		Street, City, State, Zip Code) Francisco, California 94111		***************************************	
Check Box(es) that Apply:	Promoter	E Beneficial Owner	☐ Executive Officer	Director	Other
	t name first, if individual)				
Frances M. Ar		Street, City, State, Zip Code)			
	Stahlstown, PA 15687	Succe, eny, state, zip code,			
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ Other
	t name first, if individual)				
Business or Res		Street, City, State, Zip Code)		<del></del> .	
	nding Road, Suite 120, Gree				
Check Boxes that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Other
Full Name (Las Robert E. Gro	t name first, if individual)				-
	•	Street, City, State, Zip Code)			
121 Vine Stree	t, Unit 1903, Seattle, WA 91		·		
Check Boxes that Apply;	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Other
Full Name (Las Mark E. McD	t name first, if individual)				
		Street, City, State, Zip Code) ix Street, Suite 650, Pittsburgh.	, PA 15222		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other
	t name first, if individual)			,	
Business or Re	sidence Address (Number an	d Street, City, State, Zip Code)			-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	Other
	t name first, if individual)				
Business or Re	sidence Address (Number an	d Street, City, State, Zip Code)	<del>,</del>		

B. INFORMATION ABOUT OFFERING												
1.	Has the issuer solo	l, or does the issu	uer intend to	-			_	under ULOF			Yes N	o <u>X</u>
2.	What is the minim	um investment t	hat will be ac	ecepted from	n any indivi	dual?			***************************************		N/A	
3.	Does the offering	permit joint own	ership of a si	ngle unit?					***************************************	***********	Yes X N	lo
4.	Enter the informat of purchasers in co SEC and/or with a you may set forth	onnection with sates, l	ales of securi	ties in the o of the broke	ffering. If a or dealer.	person to be	listed is an	associated pe	rson or agent	of a broker or	r dealer regis	tered with the
Full	Name (Last name	first, if individua	al)			·						
Busi	iness or Residence	Address (Numbe	er and Street,	City, State,	Zip Code)							•
Nan	ne of Associated Br	oker or Dealer										
					•							
	es in Which Person				· · · · · · · · · · · · · · · · · · ·			•				
	ck "All States" or		-							_		
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	• •	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] Name (Last name	[SD]	[TN]	(TX)	(UT)	[VT]	[VA]	[VA]	[WV]	įWij	[WY]	[PR]
ı un	rame (Last name	11151, 11 1110171002	11)									
Busi	iness or Residence	Address (Numbe	er and Street,	City, State,	Zip Code)							
Nam	ne of Associated Bi	oker or Dealer					-	- · · · · <u>-</u>				
State	es in Which Person	Listed Has Soli	cited or Inter	ds to Solici	t Purchasers				•			
(Che	eck "All States" or	check individual	States)				••••••		***************************************			All States
[AL	[AK]	(AZ)	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	<b>[H</b> 1]	[ID]
[IL]	[M]	ĮΙΑj	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(OM)
IMI	"] [NE]	INV	[NH]	[NJ]	[NM]	ĮΝΥΙ	[NC]	[ND]	IOHI	JOKJ	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	ĮWIĮ	ĮWYJ	[PR]
	Name (Last name			٠								
Bus	iness or Residence	Address (Numb	er and Street,	City, State,	Zip Code)							
Nan	ne of Associated Bi	roker or Dealer						·· · · · · · · · · · · · · · · · · · ·				
Stat	es in Which Person	Listed Has Soli	cited or Inter	nds to Solici	t Purchasers		<del></del> _	<u> </u>		·		
(Ch	eck "All States" or	check individua	l States)						,			All States
JAL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	JIDJ
[IL]	[IN]	JIAJ	[KS]	[KY]	[ŁA]	[ME]	[MD]	[MA]	[MI]	IMNI	[MS]	[MO]
ĮΜΊ	[NE]	ĮNVJ	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	ЮН	<b>JOK</b> J	[OR]	[PA]

[VT]

[VA]

[VA]

**JWIJ** 

[WV]

[PR]

[WY]

[RI]

[SC]

[SD]

[TN]

[TX]

[UT]

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 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 \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aiready Aggregate Type of Security Sold Offering Price Debt ..... Equity ..... Common Preferred Convertible Securities (including warrants).....

Answer also in Appendix, Column 3, if filing under ULOE. 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."

Other (Specify:\_\_\_\_)

Partnership Interests .....

Total.....

•	Investors	Dollar Amount
		of Purchases
Accredited Investors	19	<b>\$1,870,000.00</b>
Non-accredited Investors	0	<b>s</b>
Total (for filings under Rule 504 only)		s

\$1,870,000.00

\$1,870,000.00

Aggregate

Dollar Amount

\$1,870,000.00

\$1,870,000.00

Number

Type of

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.

Answer also in Appendix, Column 4, if filing under ULOE.

	Security	Sold
Type of Offering		
Rule 505		\$
Regulation A		<b>s</b>
Rule 504		s
Total		\$

a. Furnish a statement of all expenses inconnection 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	. 🖸	\$
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (Specify)		\$
Total		\$
·		

<ul> <li>Enter the difference between the aggregate offering price g furnished in response to Part C - Question 4.a. This difference</li> </ul>			\$1,870,000.00
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the iss If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issue</li> </ol>	d check the box to the left of the estima	te. The total of the	
p.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>,</b> , , , , , , , , , , , , , , , , , ,	Payment to Officers,	Payment To
		Directors, & Affiliates	Others
Salaries and fees		□ s	□ s
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s
Construction or leasing of plant buildings and facilities		□ s	□ s
Acquisition of other businesses (including the value of securities involving exchange for the assets or securities of another issuer pursuant to a m		□ s	□ s
Repayment of indebtedness		□ s	□ s
Working capital (a portion of the working capital will be used to pa he life of the Partnership, payable to the General Partner)		<b>S</b>	X \$1,870,000.00
Other (specify):		□ s	□ s
Column Totals			
Total Payments Listed (column totals added)		∑ \$1,870,00	<u></u>
		E 31.870,00	00.00
	-		
D.	FEDERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned on undertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	duly authorized person. If this notice is nge Commission, upon written request	filed under Rule 505, the fo of its staff, the information f	llowing signature constitutes urnished by the issuer to any
Issuer (Print or Type)	Signature	<u> </u>	Date
DAG-Peak Broadcasting, L.P.	CAN. H	M. &	April 23_, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
John M. Duff, Jr.	A Manager of DAG-Peak, L. Broadcasting, L.P.	LC, which serves as the Ge	neral Partner of DAG-Peak

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

1.	Is any party described in 17 CFR 230.262 presently subject to any of		No E		
	See Append	dix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to furnish to the state admit times as required by state law.	nistrator of any state in which the notice is filed, a notice on Form	D (17 CFR 239.500) at	t such	
3.	The undersigned issuer hereby undertakes to furnish to any state admi	inistrators, upon written request, information furnished by the issue	er to offerees.		
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.				
	ne issuer has read this notification and knows the contents to be true and rson.	has duly caused this notice to be signed on its behalf by the unders	igned duly authorized		
İsst	suer (Print or Type)	Signature	Date7		
DA	AG-Peak Broadcasting, L.P.	Ja M. Duff	April <u><i>L</i></u> 5, 2007		
Nat	ame (Print or Type)	Aitle (Print or Type)	· ·		
	John M. Duff, Jr.	A Manager of DAG-Peak, LLC, which serves as the General Broadcasting, L.P.	Partner of DAG-Peak		

E. STATE SIGNATURE

## 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.

