APR 2 C 7007

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



SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Davis - Joint Venture	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
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.)  Davis - Joint Venture by TransCoastal Partners, LLC - Managing Venture by TransCoastal Partners by Tr	enturer
Address of Executive Offices (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252	Telephone Number (Including Area Code) 972-818-0720
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 Drilling, owning, operating producing oil and gas w	vells in Stephens County, Texas.
	PROCESSI int Venture MAY 0.8.2007
Month Year  Actual or Estimated Date of Incorporation or Organization:  [O]	nated THOMASON
GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r 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, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deemed filed with the U.S. Securities slow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	t the name of the issuer and offering, any changes ied in Parts A and B. Part E and the Appendix need
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 sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	<del></del> _
Failure to file notice in the appropriate states will not result in a loss of the federal ex	emption. 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.

		a. Basic iden	TIFICATION DATA.	हर्ने ह्या । श्रीपुर्वेश्वर	y niva. 	TERTON,	en deligio del como d
2. Enter the information reque		llowing:					
<ul> <li>Each promoter of the i</li> </ul>	ssuer, if the is	suer has been organized with	in the past five years;				
Each beneficial owner!	having the pov	ver to vote or dispose, or direc	t the vote or disposition	of, 109	% or more o	f a clas	ss of equity securities of the issuer.
<ul> <li>Each executive officer</li> </ul>	and director of	f corporate issuers and of co	rporate general and mar	naging	partners of	f partne	ership issuers; and
<ul> <li>Each general and mana</li> </ul>	iging partner o	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 inc	lividual)	<u> </u>					
Stuart G. Hag	<del></del>			<u></u>			
Business or Residence Address		•					
17304 Preston Roa			75252		·		<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if inc							,
W. A. Westmon Business or Residence Address		Street City State Zin Code	<del>,</del>				
17304 Preston Roa			75252				<u> </u>
Check Box(es) that Apply: .	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	<del> </del>	<del></del>				<del></del>
David J. May							,
Business or Residence Address	(Number and	Street, City, State, Zip Code	)				
17304 Preston Roa	d, Ste.	970, Dallas, TX	75252				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)						
Joshua Staffo	rd						
Business of Residence Address	(Number and	Street, City, State, Zip Code	)				,
17304 Preston Roa	d, Ste.	970, Dallas, TX	75252				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)						
Roger Byrd Business or Residence Address	(Number and	Street, City, State, Zip Code	)				
17304 Preston Roa	d, Ste.	970, Dallas, TX	_75252				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind Michale Dudle	•	······································					
Business or Residence Address 17304 Preston Roa	(Number and		) 75252				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				<del></del>		
Fred Hernande							
Business or Residence Address		Street, City, State, Zip Code	) 🥳				<del></del>
17304 Preston Roa			75252				
<del></del>		nk sheet, or copy and use add		heet, as	necessarv	)	<del></del> _

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A. BASIC IDENTIFICATION D	<b>ATA</b>
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five ye	ears;
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or dispose</li> </ul>	sition of, 10% or more of a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and	d managing partners of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	Ticer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Storm Phillips	
Business or Residence Address (Number and Street, City, State, Zip Code)	
17304 Preston Road, Ste. 970, Dallas, TX 75252	
Check Box(es) that Apply: Promoter Beneficial Owner 🛗 Executive Off	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Robert Vaughn	
Business or Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)	
17304 Preston Road, Ste. 970, Dallas, TX 75252	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business of Residence Address (Number and Street, City, State, Zip Code)	
17304 Preston Road, Ste. 970, Dallas, TX 75252	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
17304 Preston Road, Ste. 970, Dallas, TX 75252	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
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Jusiness of Residence Address (Number and Street, City, State, Zip Code) 17304 Preston Road, Ste. 970, Dallas, TX 75252	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer Director General and/or Managing Partner
ull Name (Last name first, if individual)	
usiness or Residence Address (Number and Street, City, State, Zip Code)	
17304 Preston Road, Ste. 970, Dallas, TX 75252	
(Use blank sheet, or copy and use additional copies of t	this sheet, as necessary)

Has the issuer sold, or does the issuer intend to sell, to non-accredited Investors in this offering?		<del></del>				ĎĚ	VÉODMAT	100 4661	T OPERA	50 E 7	<del></del>		<del></del>		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	L		· i · · · · · · · · · · · · · · · · · ·	<u> 27</u>	- 2	<b>B.</b> II	NEUKNIA I	IOVAROL	II OKŁEKI	ING	<u> </u>		·		
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?	1	Has the	issuer solo	t. or does th	ne issner i	ntend to se	ll to πon∗a	ccredited i	investors it	n this offer	ina?				
2. What is the minimum investment that will be accepted from any individual?  Yes No  3. Does the offering permit joint ownership of a single unit?  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 an olithication of purchasers in connection with sale of securities in the offering. If a person to be listed than 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, you may set forth the information for that broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer, you may set forth the information for that broker or dealer only.  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)  ALL AK AZ AR CA CO CT DE DC FL GA HI ID MIN MIS MIN MIS MIN MIS MIN MIS MIN MIN MIS MIN				,							-			L'	
3. Does the offering permit joint ownership of a single unit?	2	What is	the minim	um investm					_				\$ 22	c 22 000	
3. Does the offering permit joint ownership of a single unit?			****				piou irom	any marric		*****************		.,		<del></del>	
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 alse of securities in the offering. If a person to be listed as a associated person or agent of a broker or dealer registered with the SEC and/or with a satice 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 registered with the SEC and/or with a satice 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)  Business or Residence Address (Number and Street, City, State, Zip Code)  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)  All AK AZ AR CA CO CT DE DC FL GA HI DD WA WY WY PR  Full Name (Last name first, if individual States)  ALL AK AZ AR CA CO CT DE DC FL GA HI DD WA WY WY PR  Full 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 AK AZ AR CA CO CT DE DC FL GA HI DD WA WY WY PR  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)	3.	3. Does the offering permit joint ownership of a single unit?													
commission or similar remuneration for solicitation of purchasters 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 analy.  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)  AL AK AZ AR CA CO CT DE DC FL GA HL DD MA MI	4.	Enter th	e informat	ion request	ed for eac	h person w	ho has be	en or will t	oe paid or	given, dire	ctly or ind	lirectly, any	y	_	
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 way set forth the information for that broker or dealer only.  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)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  III. IN IA (KS KY IA ME MID MA MI NA) MIS MO  IMI NE NY NH NN NM NY NC ND OR OR PA  RI SC SD IN TX UT VT VA WA WV WI WY PR  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)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  III. IN IA KS KY IA ME MID MA MI MN MS MO  MT NE NY NH NJ NM NY NC ND OH OK OR PA  RI SC SD TN TX UT VT VA WA WV WI WY PR  Full Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check 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)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Charles (All States)  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States  All AK AZ AR CA CO CT DE DC FL GA HI ID  All States		commiss	sion or simi	ilar remuner	ation for s	solicitation	of purchas	ers in conn	ection with	sales of se	curities in t	he offering			
a broker or dealer, you may set forth the information for that broker or dealer only.  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)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  III IN IA KS KY IA ME MD MA MI MM MS MO  MT NE NV NH NJ NM NY NC ND DH DK OR PA  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)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  III IN IA KS KY IA ME MD MA MI MN MS MO  MT NE NY NH NJ NM NY NC ND DH DK OR PA  Full Name (Last name first, if individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  III IN IA KS KY IA ME MD MA MI MN MS MO  MT NE NY NH NJ NM NY NC ND DH DK OR PA  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)  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)  AL AK AZ AR CA CO CT DE DC FL GA HI ID  IN IA KS KY IA ME MD MA MI MN MS MO															
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RI SC SD TN TX UT VT VA WA WV WI WY PR											·				

# 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	Aggregate Offering Price	Amount Already Sold
	·· · · · · · · · · · · · · · · · · · ·	_	
	Debt	S	\$
	Equity	S	<b>S</b>
	Common Preferred		
	Convertible Securities (including warrants)	;	\$
	Partnership Interests	S	\$
	Other (Specify Joint Venture Interests	792,000.	<b>s</b>
	Total	792,000.	\$
	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."		A 0.000.10
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		s
	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	Dollar Amount
	Type of Offering	Security	Sold
	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 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		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees	· <del></del>	\$
	Engineering Fees	<del></del>	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		•

L	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Quantity proceeds to the issuer."	uestion 4.a. This difference is the "adj	justed gross	\$_792,000
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of t proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an es he payments listed must equal the adju	timate and	
	•		Payments to Officers, Directors, & Affiliates	
	Salaries and fees			
	Purchase of real estate		\$	🗀 \$
	Purchase, rental or leasing and installation of machinand equipment		<b>S</b>	_
	Construction or leasing of plant buildings and facili			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities involved in this	_	
	Repayment of indebtedness		•	_
٠	Working capital		<del></del>	
	Other All funds used for working capita which includes organizational and	l		0;   s
	offering expenses hereof, includir however, no amount has yet been	ng salaries for officers;	\$	
	Column Totals			4
	Total Payments Listed (column totals added)			792,000.
		D FEDERAL SIGNATURE	and the second s	
sign	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnity for the constitution of the con	ndersigned duly authorized person. It sh to the U.S. Securities and Exchan dited investor pursuant to paragraph	ge Commission, upon writ	tule 505, the following ten request of its staff,
	vis - Joint venture by			/
	ansCoastal Partners, LLC – Managing Truturer	Signature Suly With the	Date .	-27-07
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
W	A. Westmoreland	Managing Partner		

- ATTENTION

				•		
	The state of the s	E. STATE SIGNA	TURE		<del> </del>	,
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	· -			Yes	No
•	See A	Appendix, Column 5, fo	r state response.			
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		strator of any state in	which this notice is f	iled a no	tice on Form
. 3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state admi	nistrators, upon writ	ten request, informat	ion furn	ished by the
4.	The undersigned issuer represents that the issuer that the iss	ate in which this notice is	filed and understand			
The issu	er has read this notification and knows the conter	nts to be true and has duly	caused this notice to	be signed on its beha	lf by the i	ındersigned
David	I - Joint Venture by	•	11		/	
	Coastal Partners, LLC – Managing	Signature Sully War		Date	37-0	07
Name (P	rint or Type)	Title (Print or Type)	V -			<del></del> _

Member

### Instruction:

W. A. Westmoreland

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.

### APPENDIX 2 3 Į Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes Investors State No **Investors** Yes Amount Amount No \$ 792,000. ΑL oint Venture UNK Х LUCUNK UNK UNK ΑK 11. UNK UNK UNK Х Χ UNK ΑZ " UNK Х UNK UNK UNK AR 11 Х UNK UNK <u>UN</u>K UNK CA " Х UNK UNK UNK UNK CO 11 UNK Х UNK UNK UNK X CT 11 UNK Х UNK UNK UNK DE ħ UNK UNK UNK X UNK Х DC // X UNK UNK UNK UNK Х FL 1 X UNK UNK UNK UNK GA " Х UNK X UNK UNK UNK Н ij Х UNK UNK UNK UNK , ID 11 X UNK UNK UNK UNK Х ΙL " UNK UNK UNK UNK Х X IN " Х UNK UNK X UNK UNK IΑ " Х UNK UNK UNK UNK X KS " Х UNK <u>UNK</u> UNK. UNK X ΚY 4 X UNK UNK UNK UNK X LA " Χ. UNK UNK UNK UNK. X ME " UNK <u>UNK</u> UNK UNK MD " UNK UNK UNK UNK MA 11 UNK <u>UNK</u> Х UNK UNK МІ // Х UNK UNK UNK UNK MN // Х UNK UNK UNK UNK X MS // Х UNK UNK UNK UNK

### APPENDIX 3 1 2 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No \$792,000 Joint MO X UNK UNK UNK . UNK X enture Interests MT 11 UNK X UNK UNK UNK X " **NE** X UNK Х <u>UN</u>K <u>unk</u> UNK NV 11 UNK UNK X UNK X UNK NH // X UNK UNK UNK UNK Х NJ η X UNK UNK UNK UNK X ΝM // X Х UNK UNK UNK UNK // NY UNK UNK UNK UNK X # NC UNK UNK UNK X UNK Ü ND UNK UNK UNK UNK Х X OH 11 χ UNK UNK UNK UNK X\_ u. OK Х Х UNK UNK UNK UNK · OR // Х UNK UNK UNK X UNK PA 11 RJ 11 X UNK UNK UNK UNK X SC // Х UNK UNK UNK UNK SD " X UNK Χ UNK UNK UNK 11 TN UNK UNK UNK UNK X TX" UNK Х X UNK UNK UNK UΥ h Х UNK UNK UNK UNK X VT " X UNK UNK UNK UNK ٧A Х " UNK UNK UNK UNK WA // X UNK UNK UNK UNK W۷ 11 X UNK UNK UNK UNK X WI " X UNK UNK UNK UNK

				API	PENDIX				
I	to non- investo	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4  f investor and urchased in State		under St (if yes explan waiver	Salification tate ULOE , attach (ation of granted)
State	Yes	No	(tate-rem t)	Number of Accredited Investors	(Par	Number of Non-Accredited Investors	Amount	(Part E	-Item 1)
WY	X		\$792,000. Join		UNK	UNK	UNK		
PR	X		"	UNK_	UNK	UNK	UNK		X

END