

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)
Quistgaard, Ph.D., Jens

Business or Residence Address (Number and Street, City, State, Zip Code)
11818 North Creek Parkway N., Bothell, Washington 98011

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

Full Name (Last name first, if individual)
Desilets, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)
11818 North Creek Parkway N., Bothell, Washington 98011

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

Full Name (Last name first, if individual)
Graham, Steven M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Orrick, Herrington & Sutcliffe LLP, 719 Second Avenue, Suite 900, Seattle, Washington 98104

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

Full Name (Last name first, if individual)
Weldon, Thomas E.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Innovation Factory, Inc., 2750 Premiere Parkway, Suite 200, Duluth, Georgia 30097

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

Full Name (Last name first, if individual)
Robertson, Rebecca M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Versant Ventures, 3000 Sand Hill Road, Building 1, Suite 260, Menlo Park, California 94025

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

Full Name (Last name first, if individual)
Schwarz, Ryan M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o The Carlyle Group, 1001 Pennsylvania Avenue, NW, Washington, D.C. 20004-2505

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

Full Name (Last name first, if individual)
Warden, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Versant Ventures, 3000 Sand Hill Road, Building 1, Suite 260, Menlo Park, California 94025

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

Full Name (Last name first, if individual)
Thompson, Richard P.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Aradigm Corporation, 3929 Point Eden Way, Hayward, CA 94545

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

Full Name (Last name first, if individual)
Jaeger, Wilfred

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Three Arch Partners, 3200 Alpine Road, Portola Valley, CA 94028

Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Carlyle Venture Partners, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o The Carlyle Group, 1001 Pennsylvania Avenue, NW, Washington, D.C. 20004-2505				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Schroder Ventures International Life Sciences Fund II LP1				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Schroder Ventures Life Sciences, 22 Church Street, Hamilton HM 11, Bermuda				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Versant Venture Capital I, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Versant Ventures, 3000 Sand Hill Road, Building 1, Suite 260, Menlo Park, California 94025				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Three Arch Capital, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
3200 Alpine Road, Portola, CA 94028				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Delphi Ventures VI, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
3000 Sand Hill Road, Building 1, Suite 135, Menlo Park, CA 94025				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
Essex Woodlands Health Ventures Fund VI, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
435 Tasso Street, Suite 305, Palo Alto, CA 94301				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
AMV Partners I, L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Accuitive Medical Ventures, 2750 Premiere Pkwy, Suite 200, Duluth, GA 30097				
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name (Last name first, if individual)				
International Life Sciences Fund				
Business or Residence Address (Number and Street, City, State, Zip Code)				
60 State Street, # 3650, Boston, MA 02109				

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
[] [X]
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$ **Not Applicable**
3. Does the offering permit joint ownership of a single unit?..... **Not Applicable** 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.

Not Applicable.

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 States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[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 (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 States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[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 (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 States

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

(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.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>4,000,000</u>	\$ <u>0</u>
Equity	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) Series C Preferred Stock Purchase Warrants	\$ <u>360,000</u>	\$ <u>180,000</u>
Partnership Interests.....	\$ _____	\$ _____
Other (specify).....	\$ _____	\$ _____
 Total.....	 \$ <u>360,000</u>	 \$ <u>180,000</u>

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 Purchases
Accredited Investors	<u>5</u>	\$ <u>180,000</u>
Non-accredited Investors.....	_____	\$ _____
 Total (for filings Under Rule 504 Only).....	 _____	 \$ _____

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.....	_____	\$ _____
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.....	[]	\$ <u>0</u>
Printing and Engraving Costs	[]	\$ <u>0</u>
Legal Fees.....	[X]	\$ <u>5,000</u>
Accounting Fees	[]	\$ <u>0</u>
Engineering Fees	[]	\$ <u>0</u>
Sales Commissions (Specify finder's fees separately)	[]	\$ <u>0</u>
Other Expenses (identify): Blue Sky Filing Fees	[X]	\$ <u>300</u>
Total.....	[X]	\$ <u>5,300</u>

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

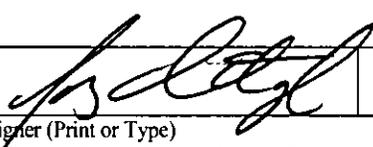
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” \$ 4,354,700

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	[]	\$ _____ []	\$ _____
Purchase of real estate.....	[]	\$ _____ []	\$ _____
Purchase, rental or leasing and installation of machinery and equipment	[]	\$ _____ []	\$ _____
Construction or leasing of plant buildings and facilities.....	[]	\$ _____ []	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger).....	[]	\$ _____ []	\$ _____
Repayment of indebtedness	[]	\$ _____ []	\$ _____
Working capital.....	[]	\$ _____ [X]	\$ <u>4,354,700</u>
Other:	[]	\$ _____ []	\$ _____
Column totals	[]	\$ _____ [X]	\$ <u>4,354,700</u>
Total payments listed (column totals added)	[X]	\$ <u>4,354,700</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) LipoSonix, Inc.	Signature 	Date <u>11/30/07</u>
Name of Signer (Print or Type) Jens Quistgaard, Ph.D.	Title of Signer (Print or Type) President and Chief Executive Officer	

Attention

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

END