

1421230
OMB APPROVAL
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Expires: April 30, 2008
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hours per response: 16.00

SEC USE ONLY
Prefix Serial
DATE RECEIVED



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

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

PEAK MOUNTAIN FUND II - UNITS OF PREFERRED MEMBERSHIP INTEREST

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.)

PEAK MOUNTAIN FUND II LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)
86 NORTH UNIVERSITY AVENUE, SUITE 400, PROVO, UTAH 84604

Telephone Number (Including Area Code)
(801) 423-5400

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

REAL ESTATE ACQUISITION AND DEVELOPMENT

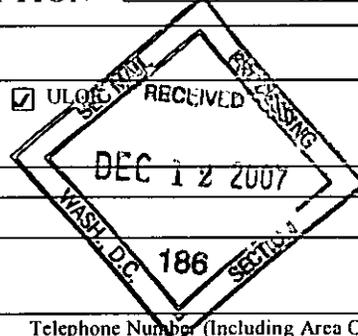
Type of Business Organization

- corporation limited partnership, already formed
 business trust limited partnership, to be formed

other (please specify):

Actual or Estimated Date of Incorporation or Organization: 11/07 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) UT



PROCESSED

DEC 17 2007

THOMSON FINANCIAL

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.

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

Full Name (Last name first, if individual)

PEAK CAPITAL PARTNERS, LLC

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

86 NORTH UNIVERSITY AVENUE, SUITE 400, PROVO, UTAH 84604

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

Full Name (Last name first, if individual)

BURNINGHAM, JEFF D.

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

86 NORTH UNIVERSITY AVENUE, SUITE 400, PROVO, UTAH 84604

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

Full Name (Last name first, if individual)

DANLEY, JEFF C.

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

86 NORTH UNIVERSITY AVENUE, SUITE 400, PROVO, UTAH 84604

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

Full Name (Last name first, if individual)

DUNN, JAMES D.

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

86 NORTH UNIVERSITY AVENUE, SUITE 400, PROVO, UTAH 84604

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

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? \$ 50,000.00
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.

Full Name (Last name first, if individual)

NOTE: Offering conducted by Issuer's management who do not receive remuneration in connection with placement of Units

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

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input 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"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input 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 |

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

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input 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"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input 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 |

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

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input 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"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input 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 |

(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 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 | \$ _____ | \$ _____ |
| Equity | \$ 2,100,000.00 | \$ 100,000.00 |
| | <input type="checkbox"/> Common <input checked="" type="checkbox"/> Preferred | |
| Convertible Securities (including warrants) | \$ _____ | \$ _____ |
| Partnership Interests | \$ _____ | \$ _____ |
| Other (Specify _____) | \$ _____ | \$ _____ |
| Total | \$ 2,100,000.00 | \$ 100,000.00 |

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 Investors | Aggregate Dollar Amount of Purchases |
|--|------------------|--------------------------------------|
| Accredited Investors | 0 | \$ 0.00 |
| Non-accredited Investors | 2 | \$ 100,000.00 |
| 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 | | \$ 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.

| | | |
|--|-------------------------------------|--------------------|
| Transfer Agent's Fees | <input checked="" type="checkbox"/> | \$ 0.00 |
| Printing and Engraving Costs | <input checked="" type="checkbox"/> | \$ 500.00 |
| Legal Fees | <input checked="" type="checkbox"/> | \$ 3,750.00 |
| Accounting Fees | <input checked="" type="checkbox"/> | \$ 0.00 |
| Engineering Fees | <input checked="" type="checkbox"/> | \$ 0.00 |
| Sales Commissions (specify finders' fees separately) | <input checked="" type="checkbox"/> | \$ 0.00 |
| Other Expenses (identify) _____ | <input checked="" type="checkbox"/> | \$ 0.00 |
| Total | <input checked="" type="checkbox"/> | \$ 4,250.00 |

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

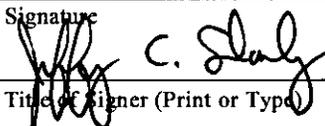
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” \$ 2,095,750.00

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.

| | Payments to Officers, Directors, & Affiliates | Payments to Others |
|--|--|--|
| Salaries and fees | <input checked="" type="checkbox"/> \$ <u>80,000.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Purchase of real estate | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>2000000</u> |
| Purchase, rental or leasing and installation of machinery and equipment | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Construction or leasing of plant buildings and facilities | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</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 checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Repayment of indebtedness | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Working capital | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Other (specify): <u>legal, accounting, bookkeeping</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>15,750.00</u> |
| | <input checked="" type="checkbox"/> \$ <u>0.00</u> | <input checked="" type="checkbox"/> \$ <u>0.00</u> |
| Column Totals | <input checked="" type="checkbox"/> \$ <u>80,000.00</u> | <input checked="" type="checkbox"/> \$ <u>2,015,750.00</u> |
| Total Payments Listed (column totals added) | <input checked="" type="checkbox"/> \$ <u>2,095,750.00</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) PEAK MOUNTAIN FUND II LLC | Signature  | Date December 4, 2007 |
| Name of Signer (Print or Type) <u>Jeffrey C. Danley</u> | Title of Signer (Print or Type) Manager of Peak Capital Partners, LLC, the Managing Member of the Issuer | |

ATTENTION

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

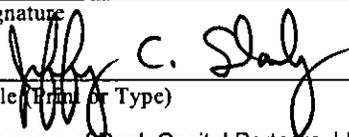
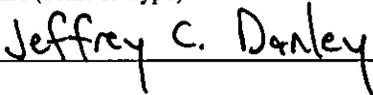
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer 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.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| | | |
|---|---|--------------------------|
| Issuer (Print or Type) PEAK MOUNTAIN FUND II LLC | Signature  | Date December 4, 2007 |
| Name (Print or Type)  | Title (Print or Type) Manager of Peak Capital Partners, LLC, the Managing Member of the Issuer | |

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.

APPENDIX

| 1 | 2 | | 3 | 4 | | | | 5 | |
|-------|---|--------------------------|---|--|--|------------------------------------|--------|--------------------------|--|
| | Intend to sell to non-accredited investors in State (Part B-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) | | | | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| AK | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| AZ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| AR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| DC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FL | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| GA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| HI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ID | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| IL | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| IN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| IA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| KS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| KY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| LA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ME | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

APPENDIX

| 1 State | 2 Intend to sell to non-accredited investors in State (Part B-Item 1) | | 3 Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 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) | |
|------------|--|--------------------------|---|---|--------|------------------------------------|-------------|---|-------------------------------------|
| | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NV | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NJ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| NC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf. LLC \$2.1M | 0 | \$0.00 | 1 | \$25,000.00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ND | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf. LLC \$2.1M | 2 | \$1.5M | 0 | \$0. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OK | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OR | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| RI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SC | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf. LLC \$2.1M | 0 | \$0.00 | 1 | \$75,000.00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TX | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| UT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| WA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| WV | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| WI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

APPENDIX

| 1 | 2 | | 3 | 4 | | | | 5 | |
|-------|---|----|---------------|--|--|------------------------------------|--------|-----|--|
| | Intend to sell to non-accredited investors in State (Part B-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) | | | | 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 |
| WY | <input checked="" type="checkbox"/> | | PR LLC \$2.1M | 1 | \$250,000. | 0 | \$0. | | <input checked="" type="checkbox"/> |
| PR | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> |

FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned PEAK MOUNTAIN FUND II LLC, (a corporation), (a partnership), a () (a limited liability company) organized under the laws of UTAH, or (an individual), (strike out inapplicable nomenclature) for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Law Offices of DARIN H. MANGUM, PLLC

(Name)

4692 NORTH 300 WEST, SUITE 210, PROVO, UTAH 84604

(Address)

Place an "X" before the names of all the States for which the person executing this form is appointing the designated Officer of that State as its attorney in that State for receipt of service of process:

- | | | | |
|--|---|--|-----------------------------------|
| <input checked="" type="checkbox"/> Alabama | Secretary of State | | |
| <input checked="" type="checkbox"/> Alaska | Administrator of the Division of Banking & Corporations, Dept. of Commerce & Economic Development | <input checked="" type="checkbox"/> Florida | Dept. of Banking & Finance |
| <input checked="" type="checkbox"/> Arizona | The Corporation Commission | <input checked="" type="checkbox"/> Georgia | Commissioner of Securities |
| <input checked="" type="checkbox"/> Arkansas | The Securities Commissioner | <input checked="" type="checkbox"/> Guam | Adminrator, Department of Finance |
| <input checked="" type="checkbox"/> California | Commissioner of Corporations | <input checked="" type="checkbox"/> Hawaii | Commissioner of Securities |
| <input checked="" type="checkbox"/> Colorado | Securities Commissioner | <input checked="" type="checkbox"/> Idaho | Director, Department of Finance |
| <input checked="" type="checkbox"/> Connecticut | Banking Commissioner | <input checked="" type="checkbox"/> Illinois | Secretary of State |
| <input checked="" type="checkbox"/> Delaware | Securities Commissioner | <input checked="" type="checkbox"/> Indiana | Secretary of State |
| <input checked="" type="checkbox"/> District of Columbia | Public Service Commission | <input checked="" type="checkbox"/> Iowa | Commissioner of Insurance |

| | | | | | |
|---|----------------|--|---|--|--|
| <input checked="" type="checkbox"/> _____ | Kansas | Secretary of State | <input checked="" type="checkbox"/> _____ | North Dakota | Securities Commissioner |
| <input checked="" type="checkbox"/> _____ | Kentucky | Director, Division of Securities | <input checked="" type="checkbox"/> _____ | Ohio | Secretary of State |
| <input checked="" type="checkbox"/> _____ | Louisiana | Commissioner of Securities | <input checked="" type="checkbox"/> _____ | Oregon | Director, Department of Insurance and Finance |
| <input checked="" type="checkbox"/> _____ | Maine | Administrator, Securities Division | <input checked="" type="checkbox"/> _____ | Oklahoma | Securities Administrator |
| <input checked="" type="checkbox"/> _____ | Maryland | Commissioner of the Division of Securities | ***** | Pennsylvania | Does not Require Filing of a Consent to Service of Process |
| <input checked="" type="checkbox"/> _____ | Massachusetts | Secretary of State | <input checked="" type="checkbox"/> _____ | Puerto Rico | Commissioner of Financial Institutions |
| <input checked="" type="checkbox"/> _____ | Michigan | Administrator, Corporation & Securities Bureau, Department of Commerce | <input checked="" type="checkbox"/> _____ | Rhode Island | Director of Business Regulations |
| <input checked="" type="checkbox"/> _____ | Minnesota | Commissioner of Commerce | <input checked="" type="checkbox"/> _____ | South Carolina | Secretary of State |
| <input checked="" type="checkbox"/> _____ | Mississippi | Secretary of State | <input checked="" type="checkbox"/> _____ | South Dakota | Director, Division of Securities |
| <input checked="" type="checkbox"/> _____ | Missouri | Securities Commissioner | <input checked="" type="checkbox"/> _____ | Tennessee | Commissioner of Commerce & Insurance |
| <input checked="" type="checkbox"/> _____ | Montana | State Auditor & Commissioner of Insurance | <input checked="" type="checkbox"/> _____ | Texas | Securities Commissioner |
| <input checked="" type="checkbox"/> _____ | Nebraska | Director of Banking & Finance | <input checked="" type="checkbox"/> _____ | Utah | Division of Securities |
| <input checked="" type="checkbox"/> _____ | Nevada | Secretary of State | <input checked="" type="checkbox"/> _____ | Vermont | Secretary of State |
| <input checked="" type="checkbox"/> _____ | New Hampshire | Secretary of State | <input checked="" type="checkbox"/> _____ | Virginia Clerk, State Corporation Commission | |
| <input checked="" type="checkbox"/> _____ | New Jersey | Chief, Securities Bureau | <input checked="" type="checkbox"/> _____ | Washington | Director, Department of Licensing |
| <input checked="" type="checkbox"/> _____ | New Mexico | Director, Securities Division | <input checked="" type="checkbox"/> _____ | West Virginia | Commissioner of Securities |
| <input checked="" type="checkbox"/> _____ | New York | Secretary of State | <input checked="" type="checkbox"/> _____ | Wisconsin | Commissioner of Securities |
| <input checked="" type="checkbox"/> _____ | North Carolina | Secretary of State | <input checked="" type="checkbox"/> _____ | Wyoming | Secretary of State |

Dated this 5th day of December, 20 07.

PEAK MOUNTAIN FUND II LLC, a Utah limited liability company
By: PEAK CAPITAL PARTNERS, LLC, its Managing Member

(SEAL)

By: Jeffrey C. Stanley
Jeffrey C. Stanley, Manager / Member
Title

CORPORATE ACKNOWLEDGMENT

State or Province of UTAH)
County of UTAH) ss.

On this 5th day of DECEMBER, 2007, before me, JAMES JENSON, the undersigned officer, personally appeared JEFFREY C. DANLEY known personally to me to be the Manager of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.



James Jenson
Notary Public/Commissioner of Oaths
My Commission Expires 12-16-2009

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____)
County of _____) ss.

On this _____ day of _____, 19____, before me, _____, the undersigned officer, personally appeared _____ to me personally known and known to me to be the same person(s) whose name(s) is(are) signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Commissioner of Oaths
(SEAL) My Commission Expires _____

INSTRUCTIONS TO FORM U-2
UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the issuer is to be inserted in the blank space on line 1 of Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designated on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.
8. If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepaid, return receipt requested.

END