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FORM D

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

OMB APPROVAL table with OMB Number: 3235-0076, Expires: April 30, 2008, Estimated average burden hours per response: 16.00

SEC Mail Processing Section stamp with date APR 10 2008 and location Washington, DC

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

SEC USE ONLY table with columns for Prefix, Serial, and DATE RECEIVED

Name of Offering (checkbox to check if amendment), Wolverine Tube, Inc. 10-12% Senior Exchange Notes Due 2009 and related subsidiary guarantees, Filing Under (checkboxes for Rule 504, Rule 505, Rule 506, Section 4(6), ULOE), Type of Filing (checkboxes for New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer (checkbox to check if amendment), Wolverine Tube, Inc.



Address of Executive Offices (200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801), Telephone Number (256) 353-1310, Address of Principal Business Operations, Telephone Number, Same

PROCESSED APR 07 2008

Brief Description of Business: Manufacturer and distributor of copper and copper alloy tube, fabricated products and metal joining products

Type of Business Organization (checkboxes for corporation, business trust, limited partnership, other), THOMSON FINANCIAL logo

Actual or Estimated Date of Incorporation or Organization (Month 01, Year 87, Actual checked), Jurisdiction of Incorporation or Organization (State: CN for Canada; FN for other foreign jurisdiction) [D E]

GENERAL INSTRUCTIONS

Federal: Who Must File, When To File, Where to File, Copies Required, Information Required, 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.

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)

**The Alpine Group, Inc.**

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

**One Meadowlands Plaza, East Rutherford, New Jersey 07073**

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

Full Name (Last name first, if individual)

**Plainfield Special Situations Master Fund Limited, c/o Plainfield Asset Management LLC**

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

**55 Railroad Avenue, Greenwich, Connecticut 06830**

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

Full Name (Last name first, if individual)

**Karp, Harold M.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Owen, David A.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Johnson, Garry K.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Berry, James**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Jordan, David W.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

**A. BASIC IDENTIFICATION DATA (continued)**

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)

**Van Gerwen, John H.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Williamson, Allan J.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Elbaum, Steven S.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Young, Brett**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Duncan, John L.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Posner, K. Mitchell**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Gilchrist, David M. Jr.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

**A. BASIC IDENTIFICATION DATA (continued)**

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)

**Griffiths, William C.**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Kestenbaum, Alan**

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

**200 Clinton Avenue West, Suite 1000, Huntsville, Alabama 35801**

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

Full Name (Last name first, if individual)

**Sopris Capital Advisors LLC**

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

**314 South Galena Street St. 300, Aspen, Colorado 81611**

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)

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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? \$ 38,300,000
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)  
N/A

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>38,300,000</u>	\$ <u>38,300,000</u>
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify _____ ).....	\$ _____	\$ _____
<b>Total .....</b>	<b>\$ <u>38,300,000</u></b>	<b>\$ <u>38,300,000</u></b>

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 .....	<u>1</u>	\$ <u>38,300,000</u>
Non-accredited Investors .....	<u>0</u>	\$ <u>0</u>
<b>Total (for filings under Rule 504 only).....</b>	<b>_____</b>	<b>\$ _____</b>

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.....	<u>N/A</u>	\$ _____
Regulation A.....	_____	\$ _____
Rule 504.....	_____	\$ _____
<b>Total.....</b>	<b>_____</b>	<b>\$ _____</b>

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.....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>100,000</u>
Accounting Fees .....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ _____
Other Expenses (identify) <u>Commitment fee to purchaser; fairness opinion fee</u> .....	<input type="checkbox"/>	\$ <u>1,549,740</u>
<b>Total.....</b>	<input checked="" type="checkbox"/>	<b>\$ <u>1,649,740</u></b>



**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
AL									
AK									
AZ									
AR									
CA									
CO									
CT		*	Debt/\$38,300,000	1	\$38,300,000	0	0	N/A	
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

**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
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									

**END**