FORM D

1439725

UNITED STATES SECURITIES AND EXCHANGE COMMISSION SEC Weil Processing Of 2008 Washington, D.C. 20549

FORM D

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

OMB Number: 3235-0076 Expires: June 30, 2008 Estimated average burden hours per form.....16.00

SEC USE ONLY Serial **PROCESSED** SEP 102008 RECEIVED THOMSON REUTERS □ ULOE ☐ Section 4(6) Amendment

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A-1 Preferred Stock Filing Under (Check box(es) that apply): □ Rule 504 ☐ Rule 505 **⊠** Rule 506 Type of Filing: New Filing A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Biodesix, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Includi 2060 Broadway, Suite 250, Boulder, CO 80302 (303) 417-0500 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Includi (if different from Executive Offices) Brief Description of Business Developer of bio-analysis platforms that can be used to develop diagnostic "classifiers" for use by researchers, drug developers and clinicians. Type of Business Organization corporation ☐ limited partnership, already formed □ other (please specify): ☐ business trust ☐ limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization; 12 05 ■ Actual □ Estimated (Enter two-letter U.S. Postal Service abbreviation for State: Jurisdiction of Incorporation or Organization: DF CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed

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.

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.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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.

Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	E Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) Director Director General and/or Business or Residence Address (Number and Street, City, State, Zip Code) Director Director General and/or Managing Partner Director	Full Name (Las	t name first, if individual)		••		
2606 Broadway, Suite 250, Boulder, CO 80302	_David Brune	i				
Director			•			
Box(es) that Apply: Full Name (Last name first, if individual) Full		ay, Suite 250, Boulder, C	O 80302			
Full Name (Last name first, if individual) Robert Carythurn Business or Residence Address (Number and Street, City, State, Zip Code) 36 South Road, Warwick, WK02 Bermuda Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or dhat Apply: Full Name (Last name first, if individual) John Parlience Business or Residence Address (Number and Street, City, State, Zip Code) 40 Crahtree Partners, 28161 North Keith Drive, Lake Forest, Illinois 60045 Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Jack Schuler Business or Residence Address (Number and Street, City, State, Zip Code) 40 Crahtree Partners, 28161 North Keith Drive, Lake Forest, Illinois 60045 Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Heinrich Roder Business or Residence Address (Number and Street, City, State, Zip Code) 2006 Broadway, Snite 250, Boulder, CO 80302 Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Frank Ronchetti Frank Ronchetti Frank Ronchetti Business or Residence Address (Number and Street, City, State, Zip Code) 2060 Broadway, Snite 250, Boulder, CO 80302 Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Frank Ronchetti Business or Residence Address (Number and Street, City, State, Zip Code) 2060 Broadway, Snite 250, Boulder, CO 80302 Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) AstraZencea U.K. Limited Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes Promater Beneficial Owner Executive Officer Director General and/or Mana	Box(es) that	☐ Promoter	■ Beneficial Owner ■ Beneficial Owner	☐ Executive Officer	➤ Director	
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c/o Patrick Segal 18, Ruc de Hesse 1204 Geneva Switzerland	Business or Re	idence Address (Number and	Street, City, State, Zip Code)			
	c/o Patrick S	egal 18, Rue de Hesse 120	4 Geneva Switzerland			

A. BASIC IDENTIFICATION DATA 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. Director ☐ General and/or Check ☐ Promoter ■ Beneficial Owner Executive Officer Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Charles E. MacArthur Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 880202, Steamboat Springs, CO 80487 ☐ Executive Officer ☐ Director ☐ General and/or Check ☐ Promoter ■ Beneficial Owner Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Chris Cooper Business or Residence Address (Number and Street, City, State, Zip Code) 505 Sugarloaf Road, Boulder, CO 80302 ☐ Executive Officer ☐ Director ☐ General and/or Check Boxes ☐ Beneficial Owner ☐ Promoter that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Director ☐ General and/or ☐ Promoter ☐ Executive Officer ☐ Beneficial Owner that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner that Apply: Full Name (Last name first, if individual) AstraZeneca U.K. Limited Business or Residence Address (Number and Street, City, State, Zip Code) Check ☐ Executive Officer ☐ Director ☐ General and/or ☐ Beneficial Owner □ Promoter Box(es) that Managing Partner Apply: Full Name (Last name first, if individual) Banque Priveée de Edmond Rothschild S.A. (Geneva) Business or Residence Address (Number and Street, City, State, Zip Code)

					В	. INFORM	ATION AB	OUT OFFE	RING				
l.	Has the issuer sold, or does the issuer intend to self, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.											Yes N	o <u>X</u>
2.	2. What is the minimum investment that will be accepted from any individual?											s <u> </u>	N/A
3.	3. Does the offering permit joint ownership of a single unit?										***************************************	Yes <u>X</u> N	ο
4.	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													
Bus	iness or Res	idence Addr	ess (Number	and Street,	City, State.	Zip Code)							
Nan	ne of Associ	ated Broker	or Dealer										
Stat	es in Which	Person Liste	ed Has Solici	ted or Intend	ls to Solicit	Purchasers				·			
(Ch	eck "All Sta	tes" or check	k individual S	States)			,						🗆 All States
IAL	1	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	HIJ	μDj
i Jilj		ואון	BAL	IKSI	[KY]	JLAJ	(ME)	[MD]	[MA]	MIJ	JMNJ	MSI	[MO]
IMI		INEL	INVI	[NH]	ונאן	INMI	[NY]	[NC]	[ND]	јонј	[OK]	[OR]	[PA]
i Rij	•	ISCI	[SD]	[TN]	[TX]	י . ויזען	 [VT]	IVAL	[VA]	įwvį	[WI]	[WY]	[PR]
	•	· · · · · · · · · · · · · · · · · · ·	if individual	<u> </u>	11					'	<u>'''</u>		· · · · · · · · · · · · · · · · · · ·
Bus	iness or Res	idence Addr	ess (Number	and Street, (City, State,	Zip Code)							
Nan	ne of Associ	ated Broker	or Dealer								-		
Stat	es in Which	Person Listo	ed Has Solici	ited or Intend	ls to Solicit	Purchasers							
(Ch	eck "All Sta	tes" or checl	k individual \$	States)			**********			****************			🗆 All States
JAI.	.]	JAKJ	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
HL		[IN]	[IA]	KS	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
M	rj	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	INCI	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	l	[SC]	[SD]	ןאדן	JTXJ	JUTJ	[VT]	ĮVAJ	[VA]	[WV]	ĮWIJ	[WY]	[PR]
Full	Name (Last	name first,	if`individual)									
Bus	iness or Res	idence Addi	ess (Number	and Street,	City, State,	Zip Code)							
Nar	ne of Associ	ated Broker	or Dealer										
Stat	es in Which	Person Liste	ed Has Solici	ited or Intend	ls to Solici	Purchasers							
			k individual !										🗆 All States
AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	IHII	[ID]
IILI		IINI	[IA]	jksj	JKYJ	[LA]	(ME)	, , [MD]	[MA]	MII	[MN]	[MS]	[MO]
M		INE	INVI	INHI	ן נאן י	INNI	 [NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	JTNJ	[TX]	ודטן	[VT]	IVAL	ĮVAĮ	[WV]	įwij	JWYJ	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

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 Aggregate	••	transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the	e securities offered for ex	change and already exchanged
Debt. Equity		Type of Security		•
Equity			_	
Convertible Securities (including warrants) Partnership Interests Other (Specify			- ·	
Convertible Securities (including warrants) Partnership Interests. Other (Specify		Equity	s <u>7,999,999.90</u>	s <u>7,999,999.90</u>
Partnership Interests		Common Referred		
Partnership Interests		Convertible Securities (including warrants)	s	\$
Other (Specify			\$	\$
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Number Investors Dollar Amount of Purchases			\$	\$
2. Einer the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar announts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar annount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Number Investors Dollar Annount of Purchases		Total	\$ 7,999,999.90	s <u>7,999,999.90</u>
2. Einer the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar announts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar annount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Number Investors Dollar Annount of Purchases		Answer also in Appendix, Column 3, if filing under ULOE.		
Accredited Investors 50	2.	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		
Accredited Investors 50 S 7,999,999.90 Non-accredited Investors 0 0 S 7,999,999.90 Non-accredited Investors 0 0 S S S S S S S S S S S S S S S S S			Number	Aggregate
Accredited Investors			Investors	Dollar Amount
Non-accredited Investors				of Purchases
Total (for filings under Rule 504 only)		Accredited Investors	50	\$ <u>7,999,999.90</u>
Answer also in Appendix, Column 4, if filing under ULOE. 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 Sold Type of Offering Rule 505		Non-accredited Investors	0	\$
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 Sold Type of Offering Rule 505		Total (for filings under Rule 504 only)	0	S
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 Rule 505		Answer also in Appendix, Column 4, if filing under ULOE.		
Type of Offering Rule 505 Regulation A Rule 504 Total Total S Total S Total S Total S Total Total S S Total S Total S S S Total S S S Total S S S S Total S S S S S S S S S S S S S S S S S S S	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		
Type of Offering Rule 505			Type of	Dollar Amount
Rule 505 Segulation A Segulatio			Security	Sold
Regulation A		Type of Offering		
Rule 504		Rule 505		
Total		Regulation A		\$
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.		Rule 504		\$
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		Total		\$
Printing and Engraving Costs □ \$ Legal Fees □ \$ 10,000 Accounting Fees □ \$ □ \$ Engineering Fees □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □ \$ □	4.	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		
Legal Fees S 10,000 Accounting Fees S S Engineering Fees S S Sales Commissions (specify finders' fees separately) S S Other Expenses (Identify) S S		Transfer Agent's Fees		\$
Accounting Fees		Printing and Engraving Costs		\$
Engineering Fees		Legal Fees	×	s <u>10,000</u>
Engineering Fees		Accounting Fees		\$
Sales Commissions (specify finders' fees separately) Other Expenses (Identify)				S
Other Expenses (Identify) S		Sales Commissions (specify finders' fees separately)		\$
<u> </u>		Other Expenses (Identify)	C	s
			(X	S <u>10,000</u>

C. OFFERING PRICE, NUMBER OF I	INVESTORS, EXPENSES AND	USE OF PROCEEDS	<u>.</u>
b. Enter the difference between the aggregate offering price given in r in response to Part C – Question 4.a. This difference is the "adjusted	esponse to Part C - Question I an	d total expenses furnished	\$ <u>7,989,999.90</u>
 Indicate below the amount of the adjusted gross proceeds to the issuer used if the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer set for the iss	Payment To		
		Directors, & Affiliates	Others
Salaries and fees		□ \$	□ s
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ \$	□ \$
Construction or leasing of plant buildings and facilities		□ \$	□ s
Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a merger)	this offering that may be used	\$	□ s
Repayment of indebtedness		□ s	□ s
Working capital		□ \$	≥ \$ 7,989,999.90
Other (specify):		□ s	□ s
		□ s	□ \$
Column Totals		×\$ 0.00	× 5 7,989,999.90
Total Payments Listed (column totals added)			989,999.90
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	DERAL SIGNATURE authorized person. If this notice Commission, upon written request	is filed under Rule 505, the of its staff, the information	following signature constitutes furnished by the issuer to any
Issuer (Print or Type)	Signature		Date
Biodesix, Inc.	July		Augus 2 , 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Frank Ronchetti	Chief Financial Officer		

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

	E. STATE SIGNATURE										
ι.	Is any party described in 17 CFR 230.262 presently subject to any of the disquared	. Yes	No X								
	See Appendix, Colu	umn 5, for state response.									
2.	2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the 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 any state administrato	rs, upon written request, information furnished by the issuer	to offerees.								
4.	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	e 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 u	ndersigned duly	authorized							
per	son.										
Iss	uer (Print or Type)	Signature	Date								
Bi	odesix, Inc.	I flight	August 26 , 20	08							
Na	me of Signer (Print or Type)	Title of Signer (Point or Type)									
Fr	ank Ronchetti	Chief Financial Officer									

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
	to non-: investo	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investo amount purchased (Part C-Iten	l in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item t)	
State	Yes	No	Series A-1 Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ΛL									
AK		Х	\$3,016.00	t	\$3,016.00	0	0		Х
ΑZ									
AR									
CA		Х	\$26,641.14	4	\$26,641.14	0	0	İ	X
со		X	\$95,396.56	13	\$95,396.56	0	0		X
CT									
DE		X	\$1,508,57	1	\$1,508.57	0	0		X
DC									
FL		X	\$28,200.00	6	\$28,200.00	0	0		Х
GA						<u> </u>	-	 	
HI			<u>-</u>						
ID									
11.			-			 			
IN						-	<u> </u>		
IA						1			
KS						 			
KY		X	\$4,546.29	1	\$4,546.29	0	0	-	X
LA						 			
ME						1			
MD						 		-	
MA		X	\$30,017,14	2	\$249,999.75	0	0		X
MI									
MN		X	\$380.57	1	\$380.57	0	0		X
MS									
MO						-			
							ĺ		

				APPENDIX			_		
1		2	3		4				5
	to non- investo	nd to sell accredited rs in State 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)				ation under OE (if yes, lanation of ited (Part E- n 1)
State	Yes	No	Series A-1 Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT	,	Х	\$4,749.71	1	\$4,749.71	0	0		X
NE									
NV				<u>. </u>					
NH									
ŊJ									
NM				-					
NY		Х	\$31,771.42	10	\$31,771.42	0	0		X
NC						-			
NĐ						-		-	
OH		X	\$1,142.86	1	\$1,142.86	0	0		X
ОК					-				
OR									
PA									
Ri									
SC						1			
SD				·					
TN					-				
TX		X	\$7,616,00	1	\$7,616.00	0	0		Х
UT								-	
VT	.					-			
VA									
WA					 				_
wv									
WI								<u> </u>	
WY					-				
PR						<u> </u>			
		L			1	.L		1	<u> </u>

