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**OMB APPROVAL**  
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**FORM D**

Notice of Exempt Offering of Securities

**U.S. Securities and Exchange Commission**

Washington, DC 20549

(See instructions beginning on page 5)

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

**Item 1. Issuer's Identity**

Name of Issuer

Green Harvest Energy, LLC

Jurisdiction of Incorporation/Organization

Ohio

Year of Incorporation/Organization

(Select one)

Over Five Years Ago  Within Last Five Years (specify year) **2007**  Yet to Be Formed

Previous Name(s)

None

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

PROCESSED  
 JAN 12 2009  
 Washington, DC

(If more than one issuer is filing this notice, check this box  and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

**Item 2. Principal Place of Business and Contact Information**

Street Address 1

1340 State Route 14

City

Columbiana

State/Province/Country

Ohio

Street Address 2

P. O. Box 279

ZIP/Postal Code

44408

Phone No.

330-716-3068

PROCESSED  
 JAN 21 2009

**Item 3. Related Persons**

Last Name

Monroe

First Name

John

Middle Name

J.

THOMSON REUTERS

Street Address 1

7630 Pleasant Valley Court

City

Salem

State/Province/Country

Ohio

Street Address 2

P. O. Box 70

ZIP/Postal Code

44422



09000721

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary) **President**

(Identify additional related persons by checking this box  and attaching Item 3 Continuation Page(s).)

**Item 4. Industry Group (Select one)**

- Agriculture**
- Banking and Financial Services**
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund
- Business Services**
- Energy**
  - Electric Utilities
  - Energy Conservation
  - Coal Mining
  - Environmental Services
  - Oil & Gas
  - Other Energy
- Construction**
- Health Care**
  - Biotechnology
  - Health Insurance
  - Hospitals & Physicians
  - Pharmaceuticals
  - Other Health Care
- REITS & Finance**
- Manufacturing**
- Real Estate**
  - Commercial
- Residential**
- Retailing**
- Restaurants**
- Technology**
  - Computers
  - Telecommunications
  - Other Technology
- Other Real Estate**
- Travel**
  - Airlines & Airports
  - Lodging & Conventions
  - Tourism & Travel Services
  - Other Travel
- Other**

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940?  Yes  No

Other Banking & Financial Services

Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c)      | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(ii)                      | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(6) |   |
|  | <input type="checkbox"/> Section 3(c)(7) |   |

Item 7. Type of Filing

- New Notice **OR**  Amendment

Date of First Sale in this Offering:  **OR**  First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year?  Yes  No

Item 9. Type(s) of Securities Offered (Select all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Equity   | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt  | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (Describe)                 |

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 20,000.00

Item 12. Sales Compensation

Recipient N/A Recipient CRD Number [ ] No CRD Number

(Associated) Broker or Dealer [ ] None (Associated) Broker or Dealer CRD Number [ ] No CRD Number

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

States of Solicitation [ ] All States

- Grid of state abbreviations with checkboxes: 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

(Identify additional person(s) being paid compensation by checking this box [ ] and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 3,521,500.00 OR [ ] Indefinite

(b) Total Amount Sold \$ 366,000.00

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 3,155,500.00 OR [ ] Indefinite

Clarification of Response (if Necessary)

Item 14. Investors

Check this box [X] if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: 0

Enter the total number of investors who already have invested in the offering: 6

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ N/A [ ] Estimate

Finders' Fees \$ N/A [ ] Estimate

Clarification of Response (if Necessary)

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ N/A

Estimate

Clarification of Response (If Necessary)

[Empty box for clarification of response]

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box [ ] and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Green Harvest Energy, LLC

Name of Signer

Robert J. Holmes

Signature

[Handwritten signature of Robert J. Holmes]

Title

Vice President

Date

Number of continuation pages attached:

5

01/08/09

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

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Holmes	Robert	J.
Street Address 1	Street Address 2	
41917 State Route 558		
City	State/Province/Country	ZIP/Postal Code
Leetonia	Ohio	44431
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Vice President	

Last Name	First Name	Middle Name
Bryan	Jerry	M.
Street Address 1	Street Address 2	
6 Federal Plaza Central, Suite 1300		
City	State/Province/Country	ZIP/Postal Code
Youngstown	Ohio	44503
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Secretary	

Last Name	First Name	Middle Name
Masters	Charles	W.
Street Address 1	Street Address 2	
200 Victoria Road, Unit #4		
City	State/Province/Country	ZIP/Postal Code
Austintown	Ohio	44515
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Treasurer	

Last Name	First Name	Middle Name
Holt	Jean	
Street Address 1	Street Address 2	
1340 State Route 14	P. O. Box 279	
City	State/Province/Country	ZIP/Postal Code
Columbiana	Ohio	44408
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Assistant Secretary	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Rapp      First Name: Ronald      Middle Name: L.

Street Address 1: 10866 New Buffalo Road      Street Address 2:

City: North Lima      State/Province/Country: Ohio      ZIP/Postal Code: 44452

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Bacon      First Name: Wayne      Middle Name: A.

Street Address 1: 14930 Beard Road      Street Address 2:

City: New Springfield      State/Province/Country: Ohio      ZIP/Postal Code: 44443

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Baer      First Name: Kenneth      Middle Name: E.

Street Address 1: 5683 Kirk Road      Street Address 2:

City: Columbiana      State/Province/Country: Ohio      ZIP/Postal Code: 44408

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Bieber      First Name: Orville      Middle Name: C.

Street Address 1: 2301 W. Western Reserve Road      Street Address 2:

City: Canfield      State/Province/Country: Ohio      ZIP/Postal Code: 44406

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Butya	John	L.
Street Address 1	Street Address 2	
5580 Steubenville Pike, Route 60	Robinson Township	
City	State/Province/Country	ZIP/Postal Code
McKees Rocks	Pennsylvania	15136
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Carroce	Ronald	R.
Street Address 1	Street Address 2	
10246 Detwiler Road		
City	State/Province/Country	ZIP/Postal Code
Canfield	Ohio	44406
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Dombrowski	Michael	
Street Address 1	Street Address 2	
3415 Orchard Hill Drive		
City	State/Province/Country	ZIP/Postal Code
Canfield	Ohio	44406
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
James	Kimberly	K.
Street Address 1	Street Address 2	
12169 Market Street	P. O. Box 586	
City	State/Province/Country	ZIP/Postal Code
North Lima	Ohio	44452
Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		
Clarification of Response (if Necessary)		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Kirtley      First Name: Daryl      Middle Name: C.

Street Address 1: 405 Glen Oaks Drive      Street Address 2:

City: Canfield      State/Province/Country: Ohio      ZIP/Postal Code: 44406

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Schaefer, Sr.      First Name: Edward      Middle Name: J.

Street Address 1: 7790 W. South Range Road      Street Address 2:

City: Salem      State/Province/Country: Ohio      ZIP/Postal Code: 44460

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Wallbrown      First Name: John      Middle Name: M.

Street Address 1: 1174 Watson Road      Street Address 2:

City: Deerfield      State/Province/Country: Ohio      ZIP/Postal Code: 44461

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name: Wehr      First Name: Myron      Middle Name: C.

Street Address 1: 45404 State Route 46      Street Address 2:

City: New Waterford      State/Province/Country: Ohio      ZIP/Postal Code: 44445

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

END