

UNITED STATES SECURITIES AND EXCHANGE COMMISSION 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 API	PROVAL
01	MB Number:	3235-0076
Ex	pires:	April 30, 2008
Es	timated averag	e burden
ho	urs per form	16.00
	SEC US	SE ONLY
	Prefix	Serial

	10018/11/6 \0
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Vista.com, Inc Common Stock Issuance	324 STOPIVED SIN
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	111 0 1 2005
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.)	VX 198 /S
Vista.com, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8644 – 154th Avenue N.E., Redmond, WA 98052	(425) 497 - 9909
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	Same Process
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (please s	pecify):
□ business trust □ limited partnership, to be formed	TMOSESSING
Month Year	Finencial
Actual or Estimated Date of Incorporation or Organization:	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St	ate:
CN for Canada; FN for other foreign jurisdiction)	WA

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

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.

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.

SEC 1972 (6-02)

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 control number. 1 of 9



		A. DASIC IDEI	ATTRICATION DATA		
2. Enter the information requ		_			
 Each promoter of the 	he issuer, if the iss	suer has been organized w	vithin the past five years;		
 Each beneficial ow the issuer; 	ner having the po	wer to vote or dispose, or	direct the vote or disposi	tion of, 10% or mo	re of a class of equity securities of
 Each executive offi 	icer and director o	f corporate issuers and of	corporate general and ma	anaging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	🖾 Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Wall, John R.	findividual)				
Business or Residence Addre c/o 8644 - 154th Avenue N.J			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	ĭ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Mall, Marvin	findividual)				
Business or Residence Addre c/o 8644 – 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Dennis, John	findividual)				
Business or Residence Addre c/o 8644 - 154th Avenue N.I			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Bench, Robert	f individual)				
Business or Residence Addre c/o 8644 – 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Kawaguchi, Harold	findividual)				
Business or Residence Addre c/o 8644 - 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Stevenson, Greg					
Business or Residence Addre c/o 8644 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Snow, Michael	f individual)				
Business or Residence Addre c/o 8644 - 154th Avenue N.			de)		

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

2 of 9

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 ☐ General and/or □ Director Managing Partner Full Name (Last name first, if individual) LeMay, Mark Business or Residence Address (Number and Street, City, State, Zip Code) c/o 13812 Solitaire Way, Irvine, CA 92620 Check Box(es) that Apply ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Artesian Management, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) The Wall Family LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 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) Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or □ Director 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.)

2A of 9

					B. II	NFORM/	ATION A	BOUT O	FFERIN	G				
				, 4	· · ·								Yes	No
1.	Has the iss	suer sold,		the issuer i r also in A						offering?.	*************			Ø
2.	What is th	ne minim	um inves	tment that	will be ac	ccepted fr	om any in	dividual?					\$	n/a
				٠									Yes	<u>No</u>
			-		-	-							(
4.	or similar	remuner n associa ker or de	ation for ted perso aler. If r	solicitatic n or agent nore than	on of purch of a brok five (5) p	hasers in e er or deale ersons to	connectioner register	n with sal	es of secu le SEC an	rities in tl d/or with	ne offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may) }	
Full Ne	ame (Last n	ame first	if individ	lual)								ary and the second		
	ss or Resid	ence Add	ress (Nun	ober and S	treet. City.	State Zin	Code)		. was provided to the					
,			(110.		,,	ounc, Dip	2000)							
Name o	of Associat	ed Broke	or Deale	r								.,		
States i	in Which Pe	erson List	ed Has S	olicited or	Intends to	Solicit Pu	rchasers			··· · ······				
(Che	eck "All St	ates" or ci	heck indiv	vidual State	es)			******			************		□ Ati	States
[AL] [IL] [MT [RI]	(IL) (NE)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA]		
	ame (Last n				(01)		[• • • • • • • • • • • • • • • • • • •	[#A]		[141]		[PR]		
Busine	ss or Resid	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
Name (of Associat	ed Broke	r or Deale	r			······································	· · · · · · · · · · · · · · · · · · ·				-,,,,,,,,,,		****
States i	in Which P	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers							
(Che	eck "All St	ates" or c	heck indiv	vidual State	es)	•,•			••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	*****************	D All	States
(AL) [IL) [MT [RI]	(IL) (NE)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Na	ame (Last n	ame first	if individ	lual)		7				174-1-1-1				
Busine	ss or Resid	ence Add	ress (Nur	nber and S	treet. City.	State, Zin	Code)							
						•	•			,		and the second s		
Name (of Associat	ed Broke	r or Deale	r										
States i	in Which P	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers				<i></i>			
(Che	eck "All St	ates" or c	heck indi	vidual State	es)		************	*			************			States
[AL] [IL] [MT [RI]] [AK] [IL] '] [NE]	[AZ] [IA] [NV] [SD]	[AR] [K\$] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W1]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		. ,
			- •		- •									

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F 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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•		·
	Type of Security	Aggregate Offering Price	A	Amount Alre Sold	ady
	Debt	\$	\$_		
	Equity	\$ <u>213,434</u>	\$	213	<u>3,434</u>
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	\$.		
	Partnership Interests	\$	\$.		
	Other (Specify))	\$	\$.		
	Total ,				
	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 Amo of Purchase	unt
	Accredited Investors	1	\$	213	<u>3,434</u>
	Non-accredited Investors		\$.		n/a
	Total (for filings under Rule 504 only)	n/a	\$		n/a
	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 Amo Sold	unt
	Rule 505	•	e	3010	n/a
	Regulation A				
	Rule 504		_		
	Total	n/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.	14.0	Ψ.		<u> 1Û u</u>
	Transfer Agent's Fees		\$_		
	Printing and Engraving Costs		\$ _		
	Legal Fees	E	\$_		5,000
	Accounting Fees		\$_		
	Engineering Fees		\$_		
	Sales Commissions (specify finders' fees separately)		\$_		
	Other Expenses (identify)		\$_		
	Total		\$!	5,000

C. OFFERING PRICE	E, NUMBER OF I	VESTORS, EXPENSE	S ANI	D USE OF PROC	EEDS		
b. Enter the difference between the aggregate total expenses furnished in response to Part proceeds to the issuer."	C - Question 4.a.	This difference is the "a	adiuste	d gross		\$	208,434
i. Indicate below the amount of the adjusted greeach of the purposes shown. If the amount for the box to the left of the estimate. The tot proceeds to the issuer set forth in response to P	r any purpose is no tal of the payments	t known, furnish an estim Histed must equal the a	ate an	d check			
				Payments to Officers. Directors & Affiliates		Payme Oth	
Salaries and fees				\$	_ 🗆	\$	
Purchase of real estate		,,,,,		\$	_ 🗆	\$	
Purchase, rental or leasing and installation	of machinery and e	quipment		\$	_ □	\$	
Construction or leasing of plant buildings a	and facilities			\$		\$	· • · · · · · · · · · · · · · · · · · ·
Acquisition of other businesses (including offering that may be used in exchange for t pursuant to a merger)	he assets or securiti	es of another issuer		\$	IX	\$	208,434
Repayment of indebtedness		*******************************		\$	🗅	\$	
Working capital	>*************************************	••••••	D	\$			
Other (specify):				\$			
				\$	D	\$	
Column Totals			DEI	c	0 🗷	¢	208,434
Total Payments Listed (column totals adde				<u> </u>		208,434	2001404
	D EED!	ERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·				
he issuer has duly caused this notice to be sign			on 14	this notice is filed	Lundag	2.1. 505 AL	- C-11
ignature constitutes an undertaking by the issue information furnished by the issuer to any non-acc	er to furnish to the	U.S. Securities and Exch	nange -	Commission, upon	written	request of	its staff, the
ssuer (Print or Type)	Signatu		2/		Date		
'ista.com, Inc.			apple of		6	129/03	
Name of Signer (Print or Type)	Title of	Signer (Print or Type)					
Asrvin Mall	Chief C	perating Officer					

ATTENTION

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

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION 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 APPI	ROVAL
Oi	MB Number:	3235-0076
E	pires:	April 30, 2008
		16.00
	SEC USI	ONLY
	Prefix 	Serial
	DATE RE	CEIVED

and the same of th	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	FCEIVED
Vista.com, Inc Bridge Financing	<i>/</i> ;
Filing Under (Check box(es) that apply): \square Rule 504 \square Rule 505 \boxtimes Rule 506 \square Section 4(6) \square ULOE	₹ JUL 18 20U
Type of Filing: New Filing Amendment	/ AOF 4 S 500
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	108
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	
Vista.com, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	(Including Area Code)
8644 – 154th Avenue N.E., Redmond, WA 98052 (425) 497 - 9909	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number	(Including Area Code)
(if different from Executive Offices) Same	
Brief Description of Business	00:00:0
	from de les les
Type of Business Organization	M 0 - 2 222
☑ corporation ☐ limited partnership, already formed ☐ other (please specify): 🔾 🤳	
☐ business trust ☐ limited partnership, to be formed	
	MANAGE
	INANG/I
Actual or Estimated Date of Incorporation or Organization: [0] 8 [9] 9 Exactual Diestimated	ed
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction) WA	

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).

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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.

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SEC 1972 (6-02)

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 control number. 1 of 9

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 ☐ General and/or □ Promoter ■ Beneficial Owner ■ Executive Officer ☑ Director Managing Partner Full Name (Last name first, if individual) Wall, John R. Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mall, Marvin Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ⊠ Director General and/or Managing Partner Full Name (Last name first, if individual) Dennis, John Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Beneficial Owner □ Promoter Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bench, Robert Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply Promoter ☐ Beneficial Owner ☐ Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Kawaguchi, Harold Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Stevenson, Greg Business or Residence Address (Number and Street, City, State, Zip Code) c/o 8644 - 154th Avenue N.E., Redmond, WA 98052 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner D Executive Officer **☒** Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Snow, Michael

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

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

c/o 8644 - 154th Avenue N.E., Redmond, WA 98052

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

Check Box(es) that Apply	☐ Promoter	🖾 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, LeMay, Mark	if individual)				
Business or Residence Addr c/o 13812 Solitaire Way, Ir	•	Street, City, State, Zip Co	de)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Artesian Management, Inc					
Business or Residence Addre No 8644 – 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	🖾 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i The Wall Family LLC	f individual)				
Business or Residence Addre do 8644 – 154th Avenue N.			de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co.	de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, i	f individual)		**************************************		
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Coo	de)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, il	individual)			Andrew Control of the	The second second
lusiness or Residence Addre	ss (Number and S	treet, City, State, Zip Coo	le)		
heck Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, if	individual)				
usiness or Residence Addres	ss (Number and S	treet, City, State, Zip Cod	e)		
	(Use blank s	heet, or copy and use ad	ditional copies of this sh	eet, as necessary.)	

					В.	INFORM	IATION	ABOUT	OFFERI	٧G				
							_						Yes	<u>No</u>
1.	Has the is	ssuer sol			r intend to Appendix					offering'	?	***************************************		Ø
2.	What is t	the mini	num inve	stment the	at will be	accepted f	from any i	ndividual	?				<u>\$</u>	n/a
													Yes	No
			-		-	_							(2)	
	or simila listed is a of the bro	r remune in associ oker or d	eration fo ated pers lealer. If	r solicitati on or ager more that	ion of pur it of a bro	chasers in ker or dea persons to	connection	on with sa cred with t	ales of sec the SEC a	urities in nd/or with	the offering a state of	etly, any commission ng. If a person to be states, list the name r or dealer, you may	:	
Full Na N/A	me (Last i	name firs	t, if indivi	idual)		· · · · · · · · · · · · · · · · · · ·								
Busines	s or Resid	lence Ad	dress (Nu	mber and	Street, City	, State, Zi	p Code)					The second se		······································
Name o	f Associa	ted Broke	er or Deal	er				1		<u> </u>			<u></u> -	··
States in	Which P	erson Li	sted Has S	Solicited or	Intends to	Solicit Pu	ırchasers				.,	and the state of the same of t		
(Chee	ck "All St	ates" or c	check indi	vidual Sta	tes)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	*************	***************************************		□ All :	States
[AL] [IL]	[AK] [IL]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] (ME)	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI) (MS)	(ID) [MO]		
[MT]	[NE]	[NV]	[NH]	ָנאן]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]		
(RI) Full Nar	[SC] ne (Last n	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	(PR)		
				· · · · · · · · · · · · · · · · · · ·										
Business	s or Resid	ence Ado	iress (Nur	nber and S	treet, City	, State, Zip	Code)							
Name of	Associat	ed Broke	r or Deale	r									<u> </u>	
States in	Which Po	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers		·					
(Chec	k "All Sta	ates" or c	heck indi	vidual Stat	es)					***************************************	************		⊐ All S	States
(AL) [IL)	[AK] [IL]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI) [MS]	(ID) (MO)		
(MŤ) (RI)	[NE]	[NV] [SD]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	(PA)		
	ne (Last na		[TN] if individ	(TX)	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]		
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)					······································		 -
Name of	Associate	d Broker	or Deale	<u> </u>				. , , , , , , , , , , , , , , , , , , ,		<u> </u>				
States in	Which Pe	rson List	ed Has So	olicited or l	Intends to	Solicit Pur	chasers							
(Checl	c "All Sta	tes" or c	neck indiv	idual State	:s)				************	1*****	************] All S	tates
[AL] (IL] [MT]	(AK) [IL] [NE)	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	(ID) [MO] [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.)

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... .. .

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE C	F 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 ¹	-	
Equity		
□ Common □ Preferred		<u> </u>
Convertible Securities (including warrants)	\$	\$
Partnership Interests		
Other (Specify))		
Total		
Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
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	•	\$1,000,000
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$ n/a
Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
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	•	\$n/a
Regulation A		\$n/e
Rule 504		
Total		\$n/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	🗖	S
Printing and Engraving Costs		S
Legal Fees	(x)	15,000
Accounting Fees		·
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		B
Other Expenses (identify)		S

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¹ Includes shares of Common Stock issued upon conversion of the Notes. 8E\\0009867.1 356132-900000

	C. OFFERING PRICE, N	NUMBER O	F INVESTORS, I	EXPENSES A	AND U	SE OF	PROCE	EDS		
 total expenses furnis 	ce between the aggregate of shed in response to Part C r."	- Question 4	.a. This difference	e is the "adir	isted 2	oss		- 1	\$	6,985,000
 cach of the purposes the box to the left 	mount of the adjusted gross shown. If the amount for a of the estimate. The total r set forth in response to Part	any purpose is of the paym	s not known, furnis ents listed must e	sh an estimate	and ch	eck				
						Off Direc	ents to icers. tors & liates		-	ments to Others
Salaries and fees			***************************************	[J \$_				\$	
Purchase of real	estate		***************************************	C) \$_				<u>\$</u>	
Purchase, rental	or leasing and installation of	machinery ar	nd equipment	C	J \$_				\$	
Construction or I	easing of plant buildings and	d facilities	***************************************	C) \$_				\$	
offering that may	her businesses (including the be used in exchange for the rger)	assets or sec	urities of another is	suer _				0	\$	
Repayment of in	debtedness		******************	C	J \$.				\$	
Working capital.			***************************************	τ] <u>\$</u>			X	\$	6,985,000
Other (specify):	***		.,		3 \$				\$	
					J . \$_				\$	
					3 \$.	·		(X	\$	6,985,000
Total Payments I	Listed (column totals added)					Ø	\$		<u>6,985,00</u>	<u>00</u>
				·····					· · · · · · · · · · · · · · · · · · ·	
		D. F	EDERAL SIGNA	TURE						
gnature constitutes an	sed this notice to be signed undertaking by the issuer t the issuer to any non-accre-	to furnish to	the U.S. Securities	and Exchan	ge Con	missio	is filed un, upon w	nder R ritten	tule 505, request o	the following of its staff, the
suer (Print or Type) ista.com, Inc.		Sign	nature				- • • • • • • • • • • • • • • • • • • •	Date 7	12/9	d5-
ame of Signer (Print o	r Type)	Title	of Signer (Print o	r Type)				<u>*_</u> _#	31517	
		ام. ا	ef Operating Offic							

ATTENTION

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