

FORM D

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

FORM D FEB 25 2002



02017555

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:	November 30, 2001
Estimated average burden hours per response ...	16.00

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

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

PROCESSED

Filing Under (Check box(es) that apply): Rule 504 Rule 505 ☒ Rule 506 Section 4(6) ULOE

Type of Filing: ☒ New Filing ☐ Amendment

MAR 22 2002

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Northwest Physicians Network, LLC

THOMSON
FINANCIAL

Address of Executive Offices (Number and Street, City, State, Zip Code)
950 Pacific Ave., Suite 510, Tacoma, WA 98402

Telephone Number (Including Area Code)
(253) 627-4638

Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices) Same as executive offices

Telephone Number (Including Area Code)
Same as executive offices

Brief Description of Business Group of physicians generally organized as an independent practice association (IPA), to enter into contracts with insurance companies, HMOs, health care service contractors, and other health plans to provide services to persons

Type of Business Organization

corporation

limited partnership, already formed

☒ other (please specify):

business trust

limited partnership, to be formed

limited liability company

Actual or Estimated Date of Incorporation or Organization:

Month
1 2Year
9 8☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

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).

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

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

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

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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.

SEC 1972 (2-99) 1 of 8

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
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Full Name (Last name first, if individual)
John Lenihan, Jr., M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
314 MLK Jr. Way, #104, Tacoma WA 98405

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer ☒	Director	General and/or Managing Partner
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Full Name (Last name first, if individual)
John Samms, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
4700 Point Fosdick Drive, #202, Gig Harbor, WA 98335

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer ☒	Director	General and/or Managing Partner
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Full Name (Last name first, if individual)
Carl Plonsky

Business or Residence Address (Number and Street, City, State, Zip Code)
1530 S. Union, #1, Tacoma, WA 98405

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer ☒	Director	General and/or Managing Partner
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Full Name (Last name first, if individual)
John Hautala, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
1033 Regents Blvd., #102, Fircrest, WA 98466

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
Christopher Jordan, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
2121 South 19th Street, Tacoma, WA 98405

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
Leonard Alenick, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
5900 100th Street S.W., #33, Tacoma, WA 98499

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
Theodore Bridge, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
1014 S. 320th St., Federal Way, WA 98003

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

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
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Full Name (Last name first, if individual)
Joseph Clabots, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
7424 Bridgeport Way W., #307, Lakewood, WA 98499

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
Nancy Karr, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
102 - 23rd Ave. S.E., #A, Puyallup, WA 98372

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
James Morgan, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
1708 S. Yakima Ave., #60, Tacoma, WA 98405

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director ☒	General and/or Managing Partner
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Full Name (Last name first, if individual)
Gregory Schlepp, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
11311 Bridgeport Way S.W. #207, Lakewood, WA 98499

Check Box(es) that Apply:	Promoter ☒	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
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Full Name (Last name first, if individual)
Patricia Briggs

Business or Residence Address (Number and Street, City, State, Zip Code)
950 Pacific Avenue, Suite 510, Tacoma, WA 98402-4410

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

X Yes No
 X

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?

\$ 2,700

Yes No
 X

3. Does the offering permit joint ownership of a single unit?

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)
N/A

Name of Associated Broker or Dealer
N/A

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)
N/A

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

Name of Associated Broker or Dealer
N/A

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]
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)
N/A

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

Name of Associated Broker or Dealer
N/A

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]
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[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 column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.	\$ ---	\$ ---
Equity.	\$ 200,000	\$ 72,900
	Common Preferred	
Convertible Securities (including warrants).	\$ ---	\$ ---
Partnership Interests.	\$ ---	\$ ---
Other (Specify _____).	\$ ---	\$ ---
Total.	\$ 200,000	\$ 72,900

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.	15	\$ 40,500
Non-accredited Investors.	12	\$ 32,400
Total (for filings under Rule 504 only)	---	\$ ---

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.	---	\$ ---
Regulation A.	---	\$ ---
Rule 504.	---	\$ ---
Total.	---	\$ ---

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.	\$ ---
Printing and Engraving Costs.	\$ 500
Legal Fees.	\$ 1,500
Accounting Fees.	\$ ---
Engineering Fees.	\$ ---
Sales Commissions (Specify finder's fees separately)	\$ ---
Other Expenses (identify) _____	\$ ---
Total.	\$ 2,000

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

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 70,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	X \$ <u>21,000</u>	X \$ <u>2,000</u>
Purchase of real estate.	\$ <u>---</u>	\$ <u>---</u>
Purchase, rental or leasing and installation of machinery and equipment.	\$ <u>---</u>	\$ <u>---</u>
Construction or leasing of plant buildings and facilities.	\$ <u>---</u>	X \$ <u>25,000</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.	\$ <u>---</u>	\$ <u>---</u>
Repayment of indebtedness.	\$ <u>---</u>	\$ <u>---</u>
Working capital.	\$ <u>---</u>	X \$ <u>22,900</u>
Other (specify) _____	\$ <u>---</u>	\$ <u>---</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Column Totals.	\$ <u>21,000</u>	\$ <u>49,000</u>
Total Payments Listed (column totals added)		\$ <u>70,900</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type)
Northwest Physicians Network
of Washington, L.L.C.

Signature

John Lenihan

Date

2/06/02

Name of Signer (Print or Type)
John Lenihan, Jr. M.D.

Title of Signer (Print or Type)
President

ATTENTION

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

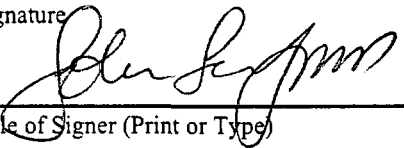
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes No
X

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

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

Issuer (Print or Type) Northwest Physicians Network of Washington, L.L.C.	Signature 	Date 02/06/02
Name of Signer (Print or Type) John Lenihan, Jr. M.D.	Title of Signer (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
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									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-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 Nonaccredited 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									

CERTIFICATION REGARDING SECURITIES BACKGROUND

THE UNDERSIGNED hereby represents and certifies as follows:

1. The undersigned has not filed any registration statement which is the subject of a currently effective registration stop order entered pursuant to the Securities Act of Washington, Chapter 21.20, RCW, or any other state's securities law, within six years prior to the date of this document.
2. The undersigned has not been convicted, within eleven years prior to the date of this document, of any felony or misdemeanor in connection with the offer, purchase or sale of any security or any felony involving fraud or deceit, including but not limited to, forgery, embezzlement, obtaining money under false pretenses, larceny or conspiracy to defraud.
3. The undersigned is not currently subject to any state administrative enforcement order or judgment entered by the Washington State Administrator of Securities or any other state's securities administrator, within six years prior to the date of this document, and is not subject to any state administrative enforcement order or judgment in which fraud or deceit, including but not limited to making untrue statements of material facts and omitting to state material facts, was found and the order or judgment was entered within six years prior to the date of this document.
4. The undersigned is not subject to an order or judgment of the Washington State Administrator of Securities or any other state's administrative enforcement order or judgment which prohibits, denies or revokes the use of any exemption from registration in connection with the offer, purchase or sale of securities.
5. The undersigned is not currently subject to any order, judgment or decree of any court of competent jurisdiction, temporarily or preliminarily restraining or enjoining, or is not

subject to any order, judgment or decree of any court of competent jurisdiction, permanently restraining or enjoining the undersigned from engaging in or continuing any conduct or practice in connection with the purchase or sale of any security or involving the making of any filing with the State of Washington or any state entered within six years prior to the date of this document.

DATED: 02/06/02.

John Lenihan
Name: John Lenihan OR MD
PRESIDENT