

SEC 1972
(6/02) 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.

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 state exemption unless such exemption is predicated on the filing of a federal notice.

B
PROCESSED
OCT 23 2008

THOMSON REUTERS

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

OMB APPROVAL	
OMB Number: 3235-0076	
Expires:	
Estimated average burden hours per response... 16.00	

FORM D

SEC
Mail Processing
Section

OCT 15 2008

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

Washington, DC
105

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Sajar Main Street, LLC

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Sajar Main Street, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
c/o Main Street Capital Holdings, L.L.C., 1001 Corporate Dr., Suite 200, Canonsburg, PA 15317 (724) 743-5650

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)

Brief Description of Business

Ownership of a majority interest in operating company (Sajar Plastics, LLC) which is engaged in the design, manufacture and sale of plastic component parts.



08062326

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

Full Name (Last name first, if individual)

Bianco, Andrew J.

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

1001 Corporate Drive, Suite 200, Canonsburg, PA 15317

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

Full Name (Last name first, if individual)

Hays, Andrew R.

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

1001 Corporate Drive, Suite 200, Canonsburg, PA 15317

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

Full Name (Last name first, if individual)

Jenkins, Donald J.

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

1001 Corporate Drive, Suite 200, Canonsburg, PA 15317

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

Full Name (Last name first, if individual)

Prado, Dennis G.

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

1001 Corporate Drive, Suite 200, Canonsburg, PA 15317

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

Full Name (Last name first, if individual)

Prado, Gerald M.

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

1001 Corporate Drive, Suite 200, Canonsburg, PA 15317

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

Full Name (Last name first, if individual)

Tower Square Capital Partners III, L.P.

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

c/o Babson Capital Management, LLC, 1500 Main Street, Suite 2200, Springfield, MA 01115

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

Full Name (Last name first, if individual)

Tower Square Capital Partners III-A, L.P.

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

c/o Babson Capital Management, LLC, 1500 Main Street, Suite 2200, Springfield, MA 01115

Check Box(es) that ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
 apply: and Manager

Full Name (Last name first, if individual)

Hawthorne Partners

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

500 Greentree Commerce, 381 Mansfield Avenue, Pittsburgh, PA 15220

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

Full Name (Last name first, if individual)

Glen Arden Associates

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

One Oxford Centre, Suite 3950, Pittsburgh, PA 15219

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

Full Name (Last name first, if individual)

Bradford Capital Partners

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

133 Freeport Road, Pittsburgh, PA 15215

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

[Remainder of Page Left Blank Intentionally]

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
[X] []

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

2. What is the minimum investment that will be accepted from any individual? \$25,000

3. Does the offering permit joint ownership of a single unit? Yes No
[X] []

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. **None**

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)N/A.....

[] All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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

[Remainder of Page Left Blank Intentionally]

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

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify <u>Limited Liability Company Interests</u>) ...	\$ 5,000,000	\$ 5,000,000
Total	\$ 5,000,000	\$ 5,000,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who 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	13	\$ 4,000,000
Non-accredited Investors	2	\$ 1,000,000
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, 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	_____	\$

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

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	☐	\$	_____
Legal Fees	☐	\$	_____
Accounting Fees	☐	\$	_____
Engineering Fees	☐	\$	_____
Sales Commissions (specify finders' fees separately)	☐	\$	_____
Other Expenses (identify)	☐	\$	_____
Total	☐	\$	<u>-0-</u>

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.”

\$ 5,000,000

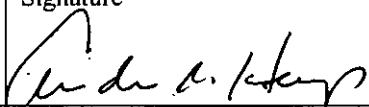
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted 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 (Legal fees for acquisition).....	☐	\$	_____	☐	\$	_____
Purchase of real estate	☐	\$	_____	☐	\$	_____
Purchase, rental or leasing and installation of machinery and equipment.....	☐	\$	_____	☐	\$	_____
Construction or leasing of plant buildings and facilities	☐	\$	_____	☐	\$	_____
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>5,000,000*</u>
Repayment of indebtedness	☐	\$	_____	☐	\$	_____
Working capital	☐	\$	_____	☐	\$	_____
Other (specify): _____	☐	\$	_____	☐	\$	_____
Column Totals	☐	\$	_____	☐	\$	<u>5,000,000</u>
Total Payments Listed (column totals added)			☐	\$	<u>5,000,000</u>	

*Contribution to majority owned subsidiary (Sajar Plastics, LLC) for use by subsidiary in acquisition of business

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) Sajar Main Street, LLC	Signature 	Date 10/13/08
Name of Signer (Print or Type) Andrew R. Hays	Title of Signer (Print or Type) Manager	

ATTENTION

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

END