

## 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.

1450884

OMB APPROVAL

OMB Number: 3235-0076

Expires: November 30, 2008

Estimated average burden  
hours per response: 4.00

## Item 1. Issuer's Identity

Name of Issuer

Cherokee &amp; Walker Fund II LLC

Jurisdiction of Incorporation/Organization

Utah

Year of Incorporation/Organization  
(Select one)☐ Over Five Years Ago ☒ Within Last Five Years  
(specify year)

2008

☐ Yet to Be Formed

Previous Name(s)

☒ None

PROCESSED

NOV 28 2008

THOMSON REUTERS

Entity Type (Select one)

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

(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

6440 South Wasatch Blvd., Suite 200

Street Address 2

City

Salt Lake City

State/Province/Country

Utah

ZIP/Postal Code

84121

Phone No.

(801) 278-7800

## Item 3. Related Persons

Last Name

Cherokee &amp; Walker Management, LLC

First Name

Middle Name

Street Address 1

6440 South Wasatch Blvd., Suite 200

Street Address 2

SEC Mail Processing

City

Salt Lake City

State/Province/Country

Utah

ZIP/Postal Code

84121

NOV 18 2008

Relationship(s): ☒ Executive Officer ☐ Director ☐ Promoter

Washington, DC

Clarification of Response (If Necessary) Manager of Issuer

111

(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 FundIf 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 FundIs the issuer registered as an investment  
company under the Investment Company  
Act of 1940? ☐ Yes ☐ No☐ Other Banking & Financial Services☐

Business Services

Energy

☐ Electric Utilities☐ Energy Conservation☐ Coal Mining☐ Environmental Services☐ Oil & Gas☐ Other Energy

Health Care

☐ Biotechnology☐ Health Insurance☐ Hospitals & Physicians☐ Pharmaceuticals☐ Other Health Care☐

Manufacturing

Real Estate

☐ Commercial☐

Construction

☐

REITS &amp; Finance

☐

Residential

☐

Other Real Estate

☐

Retailing

☐

Restaurants

Technology

☐ Computers☐ Telecommunications☐

Travel

☐ A☐ L☐ T☐ Other (Specify)☐

Other



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# FORM D

## U.S. Securities and Exchange Commission

Washington, DC 20549

### 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)

- ☐ Rule 504(b)(1) (not (i), (ii) or (iii))
- ☐ Rule 504(b)(1)(i)
- ☐ Rule 504(b)(1)(ii)
- ☐ Rule 504(b)(1)(iii)
- ☐ Rule 505
- ☒ Rule 506
- ☐ Securities Act Section 4(6)

Investment Company Act Section 3(c)

- ☒ Section 3(c)(1)
- ☐ Section 3(c)(2)
- ☐ Section 3(c)(3)
- ☐ Section 3(c)(4)
- ☐ Section 3(c)(5)
- ☐ Section 3(c)(6)
- ☐ Section 3(c)(7)

- ☐ Section 3(c)(9)
- ☐ Section 3(c)(10)
- ☐ Section 3(c)(11)
- ☐ Section 3(c)(12)
- ☐ Section 3(c)(13)
- ☐ Section 3(c)(14)

### Item 7. Type of Filing

☒ New Notice **OR** ☐ Amendment

Date of First Sale in this Offering: November 1, 2008 **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)

- ☒ Equity
- ☐ Debt
- ☐ Option, Warrant or Other Right to Acquire Another Security
- ☐ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- ☐ Pooled Investment Fund Interests
- ☐ Tenant-In-Common Securities
- ☐ Mineral Property Securities
- ☐ 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)

Issuer intends to use some or all of the proceeds of the issuance to fund acquisitions of equity interests in other businesses.

## FORM D

## U.S. Securities and Exchange Commission

Washington, DC 20549

## Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 250,000

## Item 12. Sales Compensation

Recipient

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

|                             |                             |                             |                             |                             |                                        |                             |                                        |                             |                                        |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|-----------------------------|----------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO            | <input type="checkbox"/> CT | <input type="checkbox"/> DE            | <input type="checkbox"/> DC | <input type="checkbox"/> FL            | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA            | <input type="checkbox"/> ME | <input checked="" type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI            | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM            | <input type="checkbox"/> NV | <input type="checkbox"/> NC            | <input type="checkbox"/> ND | <input checked="" type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input checked="" type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA            | <input type="checkbox"/> WA | <input type="checkbox"/> WV            | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> 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

\$ 7,000,000

OR ☐ Indefinite

(b) Total Amount Sold

\$ 5,150,000

(c) Total Remaining to be Sold  
(Subtract (a) from (b))

\$ 1,850,000

OR ☐ Indefinite

Clarification of Response (if Necessary)

The amounts listed in 13(a), (b) and (c) above represent commitments to contribute to the capital of the issuer, with each subscriber required to contribute between 20%-30% of the commitment amount subscribed for upon subscription.

## Item 14. Investors

Check this box ☐ 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:

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

11

## 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 \$ 0

☐ Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ 0

☐ Estimate

**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.

\$ \$8,600/month

☒ Estimate

Clarification of Response (if Necessary)

In general, the Issuer pays a monthly management fee based upon the capital commitments of the Issuer.

**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.)

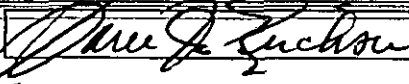
Issuer(s)

Cherokee &amp; Walker Fund II LLC

Name of Signer

Paul K. Erickson

Signature



Title

Manager of Cherokee & Walker Management, LLC  
Manager of Cherokee & Walker Fund II, LLC

Date

11/11/2008

Number of continuation pages attached:

2

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     |
| Peery                                                                                                                                      | Shane                  | R.              |
| Street Address 1                                                                                                                           | Street Address 2       |                 |
| 6440 South Wasatch Blvd., Suite 200                                                                                                        |                        |                 |
| City                                                                                                                                       | State/Province/Country | ZIP/Postal Code |
| Salt Lake City                                                                                                                             | Utah                   | 84121           |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (If Necessary) Member of Governing Board of Issuer; Director, Manager & Member of Manager of Issuer              |                        |                 |

|                                                                                                                                            |                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                                  | First Name             | Middle Name     |
| Erickson                                                                                                                                   | Paul                   | K.              |
| Street Address 1                                                                                                                           | Street Address 2       |                 |
| 6440 South Wasatch Blvd., Suite 200                                                                                                        |                        |                 |
| City                                                                                                                                       | State/Province/Country | ZIP/Postal Code |
| Salt Lake City                                                                                                                             | Utah                   | 84121           |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (If Necessary) Member of Governing Board of Issuer; Director and Manager of Manager of Issuer                    |                        |                 |

|                                                                                                                                            |                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                                  | First Name             | Middle Name     |
| Jenkins                                                                                                                                    | J.                     | Blair           |
| Street Address 1                                                                                                                           | Street Address 2       |                 |
| 6440 South Wasatch Blvd., Suite 200                                                                                                        |                        |                 |
| City                                                                                                                                       | State/Province/Country | ZIP/Postal Code |
| Salt Lake City                                                                                                                             | Utah                   | 84121           |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (If Necessary) Member of Governing Board of Issuer; Director, Manager & Member of Manager of Issuer              |                        |                 |

|                                                                                                                                            |                        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                                  | First Name             | Middle Name     |
| Jenkins                                                                                                                                    | James                  | W.              |
| Street Address 1                                                                                                                           | Street Address 2       |                 |
| 6440 South Wasatch Blvd., Suite 200                                                                                                        |                        |                 |
| City                                                                                                                                       | State/Province/Country | ZIP/Postal Code |
| Salt Lake City                                                                                                                             | Utah                   | 84121           |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (If Necessary) Member of Governing Board of Issuer; Director & Member of Manager of Issuer                       |                        |                 |

(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     |
| Moss                                                                                                                                       | Duane                  | B.              |
| Street Address 1                                                                                                                           | Street Address 2       |                 |
| 1871 East 7326 South                                                                                                                       |                        |                 |
| City                                                                                                                                       | State/Province/Country | ZIP/Postal Code |
| Salt Lake City                                                                                                                             | Utah                   | 84121           |
| Relationship(s): <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (if Necessary) Member of Governing Board of Issuer                                                               |                        |                 |

|                                                                                                                                 |                        |                 |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                       | First Name             | Middle Name     |
|                                                                                                                                 |                        |                 |
| Street Address 1                                                                                                                | Street Address 2       |                 |
|                                                                                                                                 |                        |                 |
| City                                                                                                                            | State/Province/Country | ZIP/Postal Code |
|                                                                                                                                 |                        |                 |
| Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (if Necessary)                                                                                        |                        |                 |

|                                                                                                                                 |                        |                 |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                       | First Name             | Middle Name     |
|                                                                                                                                 |                        |                 |
| Street Address 1                                                                                                                | Street Address 2       |                 |
|                                                                                                                                 |                        |                 |
| City                                                                                                                            | State/Province/Country | ZIP/Postal Code |
|                                                                                                                                 |                        |                 |
| Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (if Necessary)                                                                                        |                        |                 |

|                                                                                                                                 |                        |                 |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|
| Last Name                                                                                                                       | First Name             | Middle Name     |
|                                                                                                                                 |                        |                 |
| Street Address 1                                                                                                                | Street Address 2       |                 |
|                                                                                                                                 |                        |                 |
| City                                                                                                                            | State/Province/Country | ZIP/Postal Code |
|                                                                                                                                 |                        |                 |
| Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter |                        |                 |
| Clarification of Response (if Necessary)                                                                                        |                        |                 |

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

Form D 9

END