

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 APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average	ie burden				

hours per response. 16.00

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	Ciliano de la companya della companya della companya de la companya de la companya della company			
CONVERTIBLE PREFERRED STOCK PURCHASE AGREEMENT	THE WELL			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE			
Type of Filing:	AUC I LOUIS			
A. BASIC IDENTIFICATION DATA	181			
1. Enter the information requested about the issuer	[2] 180 TON			
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	SES			
ATHLETES' PERFORMANCE, INC.				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
650 ATHLETES' PLACE, TEMPE, AZ 85281	(480) 449-9000			
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)			
Brief Description of Business				
SPORTS PERFORMANCE TRAINING FOR ATHLETES				
Type of Business Organization	7/200			
	olease specify):			
business trust limited partnership, to be formed	Aug a -			
Month Year	1 406 9 6 2007			
ا لکینی تکانی ا	nated 12 Things			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	- \/ FINNSON			
CN for Canada; FN for other foreign jurisdiction)	- III			

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 predictated on the filing of a federal notice.

		A. BASIC IDI	ENTIF	ICATION DATA				
2. Enter the information re	quested for the following	lowing:						
 Each promoter of t 	he issuer, if the iss	uer has been organized w	ithin th	ne past five years;				
 Each beneficial ow 	ner having the pow	er to vote or dispose, or dis	rect the	vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
 Each executive off 	icer and director of	corporate issuers and of	corpora	ate general and man	aging	partners o	f partne	ership issuers; and
 Each general and r 	nanaging partner of	f partnership issuers.						
Check Box(es) that Apply:	✓ Promoter	■ Beneficial Owner	V	Executive Officer	Ī	Director		General and/or Managing Partner
Full Name (Last name first, i VERSTEGEN, MARK	f individual)					_		
Business or Residence Addre 650 S. ATHLETES' PLAC		Street, City, State, Zip Co 85281	ode)		·			
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·						
POLARIS VENTURE PA	RTNERS V, L.P	•						
Business or Residence Addre		•	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i ALLARD, WILLIAM	f individual)	_						
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)					
600 CORDWAINER DR.,	NORWELL, MA	02061						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	<u>Z</u>	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	_						
FLINT, JONATHAN	4,							
Business or Residence Addre 1000 WINTER STREET,		Street, City, State, Zip Co v 02457	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i BURNS, DAN	f individual)							
Business or Residence Addre 600 CORDWAINER DR.	•	Street, City, State, Zip Co 3 02061	ode)					
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	ss (Number and	Street, City, State, Zip Co	ode)					
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	ss (Number and S	Street, City, State, Zip Co	ode)	,, 4,				
	(Use blan	k sheet, or copy and use	additio	nal copies of this sh	neet, a	s necessary	v)	

APPENDIX 2 4 1 3 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount **Investors** Amount Yes No AL ΑK AZAR $\mathsf{C}\mathsf{A}$ CO CTDE DC FLGAHI ID IL IN ΙA KSKY LA ME MDPreferred Stock 10000000.41 MA X 4 \$5,000,000.02 0 \$0.00 X ΜI MNMS

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APPENDIX												
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