## **FORM D**

### 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

1/	4/284
-	OMP APPROVAL

OMB Number:

3235-0076

Expires:

November 30, 2001

Estimated average burden

hours per response.....16.00

Prefix

Serial

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Issuance of Series C Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment	Section 4(6) ULOE
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.)  Actelis Networks, Inc.	02032007
Address of Executive Offices (Number and Street, City, State, Zip Code) 6150 Stevenson Blvd., Fremont, CA, 94538	Telephone Number (Including Area Code) (510) 545-1040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Same as above	Telephone Number (Including Area Code)
Brief Description of Business Fiber-like solutions for deployment of broadband services over existing copper infrastructure.	
Type of Business Organization    corporation	PROCESSEI
Actual or Estimated Date of Incorporation or Organization:    Month Year	HOMEON
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.

	****	A.	BASIC ID	ENTI	FICATION DATA			
<ul><li>Each beneficial ow</li><li>Each executive offi</li></ul>	he issuer, if the issuer l	nas been o o vote or o porate issi	dispose, or direct thuers and of corpora	e vote	or disposition of, 10%			securities of the issuer;
Check Box(es) that Apply:	Promoter	⊠ F	Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)							 
Baron, Yuval								
Business or Residence Addre	ess (Number and Stre	et, City, S	State, Zip Code)					
c/o Actelis Networks, 6150	Stevenson Blvd., Fr	emont, C	A, 94538					 
Check Box(es) that Apply:	Promoter	⊠ E	Beneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Barley, Tuvia	(Al) 1 C		7' 0 1)					 
Business or Residence Addre 16 Bazal St. P.O.B. 10173, l	•	-						
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·					 Trianaging Furnior
Fagan, Paul	i marriadar)							
Business or Residence Addre	ess (Number and Stre	et, City, S	tate, Zip Code)		·			
1800 Diagonal Road, Suite								
Check Box(es) that Apply:	Promoter	☐ B	eneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i Kaplan, Martin J.	f individual)							
Business or Residence Addre								
Check Box(es) that Apply:	Promoter	В	eneficial Owner	$\boxtimes$	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	see (Number and Stre	et City S	tate Zin Code)					 
c/o Actelis Networks, 6150	•	-	-					
Check Box(es) that Apply:	Promoter		eneficial Owner	. 🗆	Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							 3 5
Elahian, Kamran								
Business or Residence Addre	ess (Number and Stre	et, City, S	tate, Zip Code)					
c/o Global Catalyst Partner	s, 361 Lytton Court	, Palo Al	to, CA, 94301					·
Check Box(es) that Apply:	Promoter	□ в	eneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							<del></del>
Tan, Lip-Bu								 
Business or Residence Addre	ess (Number and Stree	et, City, S	tate, Zip Code)					
c/o Walden International Ir								 
	(Use blan	k sheet, o	r copy and use add	litiona	l copies of this sheet	, as ne	ecessary)	 
[Click								

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Phillips, Stuart	f individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
c/o US Venture Partners, 2		•			
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 Stree	t, City, State, Zip Code)			
c/o New Enterprise Associa	•	•	1025		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Stree	t. City. State. Zip Code)			
The Carlyle Group, c/o Act	•	•	t, CA, 94538		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Global Catalyst Partners	•				
Business or Residence Addre	, 200.00	t. City. State. Zip Code)	<del></del>		· · · · · · · · · · · · · · · · · · ·
c/o Global Catalyst Partner	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	t City State Zin Code)	···_		
c/o Tuvia Barlev, 16 Baza	•		RAEL		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				333
Rocer LLC	(N. 1. 154	. C'. C 7' C l.)			· · · · · · · · · · · · · · · · · · ·
Business or Residence Addres	`		•		
<del></del>		_ <u></u>			П с
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	-				
Pacven Walden Internation				<del></del>	
Business or Residence Addres	•		0.444		
Attn: Azri Mohammed, 75			, 94111		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Presidio Management Grou	ıp				
Business or Residence Addre	•				

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
New Enterprise Associates					
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Attn: Peter Morris, 2490 S	and Hill Road, Men	o Park, CA, 94025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
The Carlyle Group					
Business or Residence Addre					
Attn: Robert E Grady, 600	Montgomery Street	, 39 <sup>th</sup> Floor, San Francisc	eo, CA 94111		
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 Stree	t, 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, i	f individual)				
Business or Residence Addre	ss (Number and Stree	t, 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, i	findividual)				
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)	Acceptable to the state of the		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addre	ss (Number and Stree	t, 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, in	individual)			,	
Business or Residence Addre	ss (Number and Stree	t, 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, it	findividual)				
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			

				В.	mror	MIALION.	ABOUT OF	FFERING				
1. Has th	ne issuer cold	or does the	scuer intend	to sell to no	n-accredited	invectors in	thic affering	,			Yes	No
1. 1145 (11	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								***************************************	ب		
2. What	2. What is the minimum investment that will be accepted from any individual?								\$ <u>N/A</u>			
3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No			
	the information										لكا	i L
remun person	eration for so or agent of a ve (5) person	licitation of p broker or dea	ourchasers in o aler registered	connection w d with the SE	vith sales of s EC and/or wit	ecurities in th h a state or st	ne offering. I	If a person to l name of the b	be listed is a roker or dea	n associated ler. If more		
Full Name (	Last name fir	st, if individ	ıal)				· · · · · ·					
N/A	Residence Ac	dress (Num	her and Stree	t City State	Zin Code)							
Dusiness of	Residence At	adiess (ivuiii	ber and Siree	i, Chy, State	s, Zip Code)							
Name of As	sociated Brok	er or Dealer										
	hich Person L									- 181 <u>0</u> - 1		
(Check "A	All States" or	check indivi	duals States)	••••••••		•••••••	,	••••••		••••••	∟A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL)	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[{MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ED 11	rcci	(CD)	(1771)	(T)/1	{UT}	{VT}	{VA}	[WA]	[WV]	{WI}	{WY}	[PR]
{RI}	[SC]	[SD]	[TN]	[XT]	լնեյ	[ • • ]	[ ***]	[ ****]	. ,			
	Last name fir			[1X]			( * * * )	[]				
Full Name (		st, if individu	ıal)					[,,,,1				
Full Name (	Last name fir	st, if individu	ıal)				[17]	[]				
Full Name ( Business or Name of As	Last name fir Residence Ad	st, if individu ddress (Numl er or Dealer	per and Street	t, City, State	, Zip Code)			[]				
Full Name ( Business or Name of As:	Last name fir Residence Ad sociated Brok	st, if individu ddress (Numl er or Dealer isted Has Soi	per and Street	t, City, State	, Zip Code) it Purchasers							Il States
Full Name ( Business or Name of As:	Last name fir Residence Ad sociated Brok nich Person L All States" or	st, if individu ddress (Numl er or Dealer isted Has Soi	per and Street	t, City, State	, Zip Code) it Purchasers					[GA]	A	States
Full Name ( Business or  Name of Ass  States in Wh  (Check "A	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK]	st, if individual ddress (Numler or Dealer isted Has Soi check individual)	per and Street licited or Inte duals States) [AR]	t, City, State	t Purchasers	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
Full Name ( Business or  Name of As:  States in Wh  (Check "A	Last name fir Residence Ad sociated Brok nich Person L All States" or	st, if individual didress (Number or Dealer isted Has Soi check individual [AZ]	per and Street	t, City, State	it Purchasers  [CO]  [LA]	[CT] [ME]						
Full Name ( Business or  Name of As:  States in Wh  (Check "A  [AL]  [IL]	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN]	st, if individual ddress (Numler or Dealer isted Has Soi check individual)	per and Street licited or Inte duals States) [AR] [KS]	t, City, State	t Purchasers	[CT]	[DE]	[DC] {[MA]	[FL]	[GA] [MN]	[HI] [MS]	[ID] [MO]
Full Name ( Business or  Name of As:  States in Wh  (Check "A  [AL]  [IL]  [MT]  [RI]	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN] [NE]	st, if individual displayed in the control of the c	per and Street licited or Inte duals States) [AR] [KS] [NH] [TN]	ends to Solice  [CA]  [KY]  [NJ]	it Purchasers  [CO]  [LA]  [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Full Name ( Business or  Name of Ass  States in Wh  (Check "A  [AL]  [IL]  [MT]  [RI]  Full Name (	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN] [NE] [SC]	st, if individual ddress (Number or Dealer isted Has Soi check individual [NV] [SD]  st, if individual individual st, if	per and Street licited or Inte duals States) [AR] [KS] [NH] [TN]	ends to Solice  [CA]  [KY]  [NJ]  [TX]	it Purchasers  [CO]  [LA]  [NM]  [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Full Name ( Business or  Name of As.  States in Wh  (Check "/  [AL]  [IL]  [MT]  [RI]  Full Name (  Business or	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN] [NE] [SC] Last name fir	st, if individual dress (Number or Dealer isted Has Soi check individual [AZ] [IA] [NV] [SD] st, if individual dress (Number 1)	per and Street licited or Inte duals States) [AR] [KS] [NH] [TN]	ends to Solice  [CA]  [KY]  [NJ]  [TX]	it Purchasers  [CO]  [LA]  [NM]  [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Full Name ( Business or Name of Ass States in Wh (Check "A [AL] [IL] [MT] [RI] Full Name ( Business or	Last name fir Residence Ad sociated Brok nich Person L All States" or [AK] [IN] [NE] [SC]  Last name fire Residence Ad	st, if individual dress (Number or Dealer isted Has Soi check individual [NV] [SD] st, if individual dress (Number or Dealer	per and Street licited or Inte duals States) [AR] [KS] [NH] [TN]  per and Street	ends to Solice  [CA]  [KY]  [NJ]  [TX]	it Purchasers  [CO]  [LA]  [NM]  [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
Full Name ( Business or Name of As: States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name ( Business or	Last name fire Residence Adsociated Brokenich Person Least States or [AK] [IN] [IN] [INE] [SC]  Last name fire Residence Adsociated Brokenice Adsociated Bro	st, if individual dress (Number or Dealer isted Has Soi check individual [AZ] [IA] [NV] [SD]  st, if individual dress (Number or Dealer isted Has Soi isted Has Soi isted Has Soi isted Has Soi individual dress (Number or Dealer isted	licited or Interduals States) [AR] [KS] [NH] [TN]  per and Street	ends to Solice  [CA]  [KY]  [NJ]  [TX]	it Purchasers  [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA]
Full Name ( Business or Name of As: States in Wh (Check "/ [AL] [IL] [MT] [RI] Full Name ( Business or	Last name fire Residence Admich Person L All States" or [AK] [IN] [NE] [SC]  Last name fire Residence Admich Person L Residence Admich Person L All States and Residence Admich Person L	st, if individual dress (Number or Dealer isted Has Soi check individual [AZ] [IA] [NV] [SD]  st, if individual dress (Number or Dealer isted Has Soi isted Has Soi isted Has Soi isted Has Soi individual dress (Number or Dealer isted	licited or Interduals States) [AR] [KS] [NH] [TN]  per and Street	ends to Solice  [CA]  [KY]  [NJ]  [TX]	it Purchasers  [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	(FL) [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name ( Business or Name of As: States in Wh (Check "A [AL] [IL] [MT] [RI] Full Name ( Business or Name of As: States in Wh (Check "A	Last name fir Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE] [SC]  Last name fire Residence Adsociated Brokenich Person L All States" or	st, if individual dress (Number or Dealer isted Has Soi (NZ) [IA] [NV] [SD] st, if individual dress (Number or Dealer isted Has Soi check individual dress (Number or Dealer ist	per and Street duals States) [AR] [KS] [NH] [TN] per and Street	t, City, State ends to Solice [CA] [KY] [NJ] [TX]	it Purchasers  [CO]  [LA]  [NM]  [UT]  , Zip Code)	[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 Name ( Business or Name of As: States in Wh (Check "A [AL] [MT] [RI] Full Name ( Business or Name of As: States in Wh (Check "A [AL]	Last name fire Residence Accessociated Brokenich Person L All States" or [AK] [IN] [NE] [SC]  Last name fire Residence Accessociated Brokenich Person L All States" or [AK]	st, if individual dress (Number or Dealer isted Has Soi check individual [NV] [SD] st, if individual dress (Number or Dealer isted Has Soi check individual [AZ]	per and Street duals States) [AR] [KS] [NH] [TN] per and Street duals States) [AR]	t, City, State  ends to Solice  [CA]  [KY]  [NJ]  [TX]  t, City, State	it Purchasers  [CO] [LA] [NM] [UT]  , Zip Code)	[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]

	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.		Aggregate	Ame	ount Already
	Type of Security		fering Price	Ame	Sold
	Debt		0	\$	0
	Equity	\$	99,600	\$	99,600
	Common Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	\$	0
	Other (Specify)	\$	0	\$	0
	Total	\$	99,600	\$	99,600
	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."				aggregate
			Number Investors		lar Amount Purchase
	Accredited investors		1	\$	99,600
	Non-accredited Investors		N/A	\$	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	Dol	lar Amount
	Type of Offering		Security	Doi	Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	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			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		$\boxtimes$	\$	5,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
	Total		$\boxtimes$	\$	5,000

C. OFFE	RING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROC	EEDS
total expenses furnished in response t	ggregate offering price given in response to Part C - Question 1 to Part C - Question 4.a. This difference is the "adjusted gross		\$ <u>94,600</u>
the purposes shown. If the amount for	sted gross proceeds to the issuer used or proposed to be used for early purpose is not known, furnish an estimate and check the box ayments listed must equal the adjusted gross proceeds to the issue.	to the	
		Payments Officers, Direc Affiliate	ctors & Payments To
Salaries and fees		S	
Purchase of real estate		🗆 s	\$
Purchase, rental or leasing and install	ation of machinery and equipment	🗆 \$	
Construction or leasing of plant build	ings and facilities		\$
Acquisition of other businesses (incluused in exchange for the assets or sec	Iding the value of securities involved in this offering that may be urities of another issuer pursuant to a merger)	e 	
Repayment of indebtedness		,	
Working capital			<b>⊠</b> \$ 94,600
Other (specify):		🗆 \$	
Column Totals		🛛 \$	0 🛮 🖾 \$ 94,600
Total Payments Listed (column	totals added)		\$94,600
	D. FEDERAL SIGNATURE		
	gned by the undersigned duly authorized person. If this notice is filed Securities and Exchange Commission, upon written request of its sta 2) of Rule 502.		
ssuer (Print or Type)	Signature)	Date	
Actelis Networks, Inc.	1/1 Chreed	April 24, 2002	
ame of Signer (Print or Type)  Arthur F. Schneiderman	Tiple of Signer (Print or Type)  Corporate Secretary		
	1		
		*	
•			