

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

**Notice of Exempt Offering of Securities**

**1. Issuer's Identity**

CIK (Filer ID Number)	Previous Names <input type="checkbox"/> None	Entity Type
<a href="#">0001453593</a>	<a href="#">Bacterin International Holdings, Inc.</a>	<input checked="" type="checkbox"/> Corporation
Name of Issuer	<a href="#">K KITZ INC</a>	<input type="checkbox"/> Limited Partnership
<a href="#">Xtant Medical Holdings, Inc.</a>		<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
<a href="#">DELAWARE</a>		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Over Five Years Ago		
<input type="checkbox"/> Within Last Five Years (Specify Year)		
<input type="checkbox"/> Yet to Be Formed		

**2. Principal Place of Business and Contact Information**

Name of Issuer			
<a href="#">Xtant Medical Holdings, Inc.</a>			
Street Address 1	Street Address 2		
<a href="#">664 CRUISER LANE</a>			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
<a href="#">BELGRADE</a>	<a href="#">MONTANA</a>	<a href="#">59714</a>	<a href="#">406-388-0480</a>

**3. Related Persons**

Last Name	First Name	Middle Name
<a href="#">Browne</a>	<a href="#">Sean</a>	<a href="#">E.</a>
Street Address 1	Street Address 2	
<a href="#">664 Cruiser Lane</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Belgrade</a>	<a href="#">MONTANA</a>	<a href="#">59714</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
<a href="#">Neils</a>	<a href="#">Scott</a>	<a href="#">C.</a>
Street Address 1	Street Address 2	
<a href="#">664 Cruiser Lane</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Belgrade</a>	<a href="#">MONTANA</a>	<a href="#">59714</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
<a href="#">Brandt</a>	<a href="#">Kevin</a>	<a href="#">D.</a>
Street Address 1	Street Address 2	
<a href="#">664 Cruiser Lane</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Belgrade</a>	<a href="#">MONTANA</a>	<a href="#">59714</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
Schallenberger	Mark	A.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
Bakewell	John	K.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
Beeson	Jonn	R.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
McNamara	Robert	E.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
Mitchell-Keller	Lori	D.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

Last Name	First Name	Middle Name
Vizirgianakis	Stavros	G.
Street Address 1	Street Address 2	
664 Cruiser Lane		
City	State/Province/Country	ZIP/PostalCode
Belgrade	MONTANA	59714
Relationship:	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

---

#### 4. Industry Group

---

- Agriculture
- Banking & Financial Services
  - Commercial Banking
  - Insurance
  - Investing
  - Investment Banking
  - Pooled Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940?

- Yes  No

Other Banking & Financial Services

Business Services

Energy

Coal Mining

Electric Utilities

Energy Conservation

Environmental Services

Oil & Gas

Other Energy

Health Care

Biotechnology

Health Insurance

Hospitals & Physicians

Pharmaceuticals

Other Health Care

Manufacturing

Real Estate

Commercial

Construction

REITS & Finance

Residential

Other Real Estate

Retailing

Restaurants

Technology

Computers

Telecommunications

Other Technology

Travel

Airlines & Airports

Lodging & Conventions

Tourism & Travel Services

Other Travel

Other

## 5. Issuer Size

Revenue Range

OR

Aggregate Net Asset Value Range

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

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

## 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Investment Company Act Section 3(c)

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 506(b)

Rule 506(c)

Securities Act Section 4(a)(5)

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)

Section 3(c)(14)

## 7. Type of Filing

New Notice Date of First Sale [2023-07-06](#)  First Sale Yet to Occur

Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?  Yes  No

## 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)

**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):

**11. Minimum Investment**

Minimum investment accepted from any outside investor \$0 USD

**12. Sales Compensation**

Recipient <a href="#">Craig-Hallum Capital Group LLC</a> (Associated) Broker or Dealer <input checked="" type="checkbox"/> None <a href="#">None</a>	Recipient CRD Number <input type="checkbox"/> None <a href="#">121395</a> (Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None <a href="#">None</a>	
Street Address 1 <a href="#">222 S. 9th Street, Suite 350</a>	Street Address 2	
City <a href="#">Minneapolis</a>	State/Province/Country <a href="#">MINNESOTA</a>	ZIP/Postal Code <a href="#">55402</a>
State(s) of Solicitation (select all that apply) Check "All States" or check individual States <input type="checkbox"/> All States <input type="checkbox"/> Foreign/non-US		

- [CONNECTICUT](#)
- [FLORIDA](#)
- [MINNESOTA](#)
- [NEVADA](#)
- [NEW YORK](#)
- [NORTH CAROLINA](#)

**13. Offering and Sales Amounts**

Total Offering Amount \$15,000,000 USD or  Indefinite  
 Total Amount Sold \$15,000,000 USD  
 Total Remaining to be Sold \$0 USD or  Indefinite

Clarification of Response (if Necessary):

**14. Investors**

Select 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.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

[22](#)

**15. Sales Commissions & Finder's Fees Expenses**

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$812,000 USD  Estimate  
 Finders' Fees \$0 USD  Estimate

Clarification of Response (if Necessary):

**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.

Clarification of Response (if Necessary):

---

**Signature and Submission**

---

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

**Terms of Submission**

In submitting this notice, each issuer named above 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 the 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 Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above 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.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Xtant Medical Holdings, Inc.	/s/ Scott C. Neils	Scott C. Neils	Chief Financial Officer	2023-07-12

*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.*

\* 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.

---