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.

| | OMB APPRC | OVAL |
|--------|-------------------------|---------------|
| FORM D | OMB Number: | 3235- 0076 |
| | Estimated ave burden | erage |
| | hours per response: | 4.00 |

1. Issuer's Identity

| | | Previous | | | |
|---------------------------------|--------------------|--------------|--------------|----------|---------------------------|
| CIK (Filer ID N | lumber) | Names | None | | Entity Type |
| <u>0001376339</u> | | Alynx, Co. | | | X Corporation |
| Name of Iss | suer | 0 | | | Limited Partnership |
| MIMEDX GROUP, INC. | | | | | Limited Liability Company |
| Jurisdiction | n of | | | | General Partnership |
| Incorporation/Org | ganization | | | | Business Trust |
| FLORIDA | | | | | Other (Specify) |
| Year of Incorpo | oration/Organiza | tion | | | |
| Over Five Years Ago | | | | | |
| X Within Last Five Years | s (Specify Year) 2 | 008 | | | |
| Yet to Be Formed | | | | | |
| 2. Principal Place of Busir | ness and Contact I | information | | | |
| Nan | ne of Issuer | | | | |
| MIMEDX GROUP, INC. | | | | | |
| Stree | et Address 1 | | | Street A | ddress 2 |
| 811 E LIVINGSTON CO | URT | | SUITE B | | |
| City | State/Provi | ince/Country | ZIP/Posta | alCode | Phone Number of Issuer |
| MARIETTA | GA | | 30076 | | 678-384-6720 |
| 3. Related Persons | | | | | |
| Last Name | | First | t Name | | Middle Name |
| Petit | Parl | ker | | H. | |
| Street Address | s 1 | Street A | Address 2 | | |
| 811 Livingston Court | Suit | te B | | | |
| City | | State/Prov | ince/Country | | ZIP/PostalCode |
| Marietta | GA | | | 30067 | |
| Relationship: X Executiv | ve Officer X Dire | ctor Promote | er | | |
| Clarification of Response | (if Necessary): | | | | |
| Last Name | | First | t Name | | Middle Name |
| Taylor | Wil | liam | | С. | |
| Street Address | s 1 | Street A | Address 2 | | |
| 011 Liningston Court | | D | | | |

| 811 Livingston Court | Suite I | В | | |
|-----------------------------------|----------|------------------------|-------|----------------|
| City | | State/Province/Country | | ZIP/PostalCode |
| Marietta | GA | | 30067 | |
| Relationship: X Executive Officer | Director | r Promoter | | |

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|---|------------------------------|--------------------------------|
| Culumber | Michael | J. |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| Marietta | GA | 30067 |
| Relationship: X Executive Officer | Director Promoter | |
| Clarification of Response (if Necess | sary): | |
| Last Name | First Name | Middle Name |
| McCaw | Roberta | |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| Marietta | GA | 30067 |
| Relationship: X Executive Officer | Director Promoter | |
| Clarification of Response (if Necess | ary): | |
| Last Name | First Name | Middle Name |
| Miller | Matthew | J. |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| Marietta | GA | 30067 |
| Relationship: X Executive Officer | Director Promoter | |
| Clarification of Response (if Necess | sary): | |
| Last Name | First Name | Middle Name |
| Gorlin | Steve | |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | 7ID/DestelCade |
| City Marietta | State/Province/Country GA | ZIP/PostalCode 30067 |
| | | 30007 |
| Relationship: Executive Officer | X Director Promoter | |
| Clarification of Response (if Necess | sary): | |
| Last Name | First Name | Middle Name |
| Koob | Charles | E |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| Marietta Relationship: Executive Officer | GA X Director Promoter | 30067 |
| Clarification of Response (if Necess | sary): | |
| Last Name | First Name | Middle Name |
| Denega | Larry | W |
| Papasan | Lang | |
| Street Address 1 | Street Address 2 | |
| - | 5 | |
| Street Address 1 | Street Address 2 | ZIP/PostalCode |
| Street Address 1 811 Livingston Court | Street Address 2 Suite B | ZIP/PostalCode 30067 |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

| Last Name | First Name | Middle Name |
|--|---|------------------------------------|
| Eichler | Kurt | М |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| Marietta | GA | 30067 |
| Relationship: Executive Office | er X Director Promoter | |
| Clarification of Response (if Nece | essary): | |
| Last Name | First Name | Middle Name |
| Dewberry | J. | Terry |
| Street Address 1 | Street Address 2 | |
| 811 Livingston Court | Suite B | |
| City | State/Province/Country | ZIP/PostalCode |
| | GA | 30067 |
| Marietta | UA | |
| Marietta Relationship: Executive Office Clarification of Response (if Nece | er X Director Promoter | |
| Relationship: Executive Office Clarification of Response (if Nece Last Name | er X Director Promoter essary): First Name | Middle Name |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser | er X Director Promoter essary): First Name Joseph | Middle Name G |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 | er X Director Promoter essary): Joseph Street Address 2 | |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court | er X Director Promoter essary): Joseph Joseph Street Address 2 Suite B | G |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City | er X Director Promoter essary): Joseph Joseph Street Address 2 Suite B State/Province/Country | G ZIP/PostalCode |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court | er X Director Promoter essary): Joseph Joseph Street Address 2 Suite B | G |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta | er X Director Promoter essary): Joseph Joseph Street Address 2 Suite B State/Province/Country | G ZIP/PostalCode |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter | G ZIP/PostalCode |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta Relationship: Executive Office | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter | G ZIP/PostalCode |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta Relationship: Executive Office Clarification of Response (if Nece | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter essary): | G ZIP/PostalCode 30067 |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta Relationship: Executive Office Clarification of Response (if Nece | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter essary): First Name | G ZIP/PostalCode 30067 Middle Name |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta Relationship: Executive Office Clarification of Response (if Nece Last Name Rooke, Jr. | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter essary): First Name Andrew | G ZIP/PostalCode 30067 Middle Name |
| Relationship: Executive Office Clarification of Response (if Nece Last Name Bleser Street Address 1 811 Livingston Court City Marietta Relationship: Executive Office Clarification of Response (if Nece Last Name Rooke, Jr. Street Address 1 | er X Director Promoter essary): First Name Joseph Street Address 2 Suite B State/Province/Country GA er X Director Promoter essary): First Name Andrew Street Address 2 | G ZIP/PostalCode 30067 Middle Name |

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

| Agriculture | Health Care | Retailing |
|------------------------------|------------------------|---------------------|
| Banking & Financial Services | X Biotechnology | Restaurants |
| Commercial Banking | Health Insurance | Technology |
| Insurance Investing | Hospitals & Physicians | Computers |
| Investment Banking | Pharmaceuticals | Telecommunications |
| Pooled Investment Fund | Other Health Care | Other Technology |
| Is the issuer registered as | Manufacturing | Travel |
| an investment company under | Real Estate | Airlines & Airports |

| the Investment C Act of 1940? | Company | Commercial Construction | Lodging & Conventions Tourism & Travel Services |
|----------------------------------|----------------------|----------------------------|--|
| Yes | No | | |
| Other Banking 8 | k Financial Services | REITS & Finance | Other Travel |
| Business Services | | Residential | Other |
| Energy | | Other Real Estate | |
| Coal Mining | | | |
| Electric Utilities | | | |
| Energy Conserva | ation | | |
| Environmental S | Services | | |
| Oil & Gas | | | |
| Other Energy | | | |

5. Issuer Size

| Revenue Range | OR | Aggregate Net Asset Value Range |
|---------------------------------|----|---------------------------------|
| X No Revenues | | No Aggregate Net Asset Value |
| \$1 - \$1,000,000 | | \$1 - \$5,000,000 |
| \$1,000,001 - \$5,000,000 | | \$5,000,001 - \$25,000,000 |
| \$5,000,001 - \$25,000,000 | | \$25,000,001 - \$50,000,000 |
| \$25,000,001 - \$100,000,000 | | \$50,000,001 - \$100,000,000 |
| Over \$100,000,000 | | Over \$100,000,000 |
| Decline to Disclose | | Decline to Disclose |
| Not Applicable | | Not Applicable |

6. Federal Exemption(s) and Exclusion(s) 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 X Rule 506 Securities Act Section Investment Company | |
|--|--|------------------|
| | Section 3(c)(1) | Section 3(c)(9) |
| | Section 3(c)(2) | Section 3(c)(10) |
| | Section 3(c)(3) | Section 3(c)(11) |
| | Section 3(c)(4) | Section 3(c)(12) |
| | Section 3(c)(5) | Section 3(c)(13) |
| | Section 3(c)(6) | Section 3(c)(14) |
| | Section 3(c)(7) | |
| 7. Type of Filing | | |
| X New Notice Date of First Sale 2009-10-30 Amendment | First Sale Yet to Occur | |
| | | |

8. Duration of Offering

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

9. Type(s) of Securities Offered (select all that apply)

| X Equity | Pooled Investment Fund Interests |
|--|----------------------------------|
| Debt | Tenant-in-Common Securities |
| X Option, Warrant or Other Right to Acquire Another Security | Mineral Property Securities |

| Security to be Acquired Upon Exercise of Option, Warra Other Right to Acquire Security | ont or Other (describe) | | |
|--|--|----------|-----------------|
| 10. Business Combination Transaction | | | |
| Is this offering being made in connection with a business co a merger, acquisition or exchange offer? | ombination transaction, such as | Yes X No | |
| Clarification of Response (if Necessary): | | | |
| 11. Minimum Investment | | | |
| Minimum investment accepted from any outside investor \$ | 60 USD | | |
| 12. Sales Compensation | | | |
| Recipient | Recipient CRD Number X None | | |
| Lyons Capital, LLC | None | | |
| (Associated) Broker or Dealer X None | (Associated) Broker or Dealer Cl Number | RD X | X None |
| None | None | | |
| Street Address 1 | Street Address | s 2 | |
| 7239 San Salvador Dr | Suite 100 | | |
| City | State/Province/Country | | ZIP/Postal Code |
| Boca Raton | FL | | 33433 |
| State(s) of Solicitation (select all that apply)Check "All States" or check individualStates | Foreign/non-US | | |
| 13. Offering and Sales Amounts | | | |

Total Offering Amount\$5,000,000 USD orIndefiniteTotal Amount Sold\$675,000 USDTotal Remaining to be Sold\$4,325,000 USD orIndefinite

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:

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.

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| Sales Commissions | \$0 USD X Estimate |
|-------------------|-------------------------|
| Finders' Fees | \$42,000 USD X 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.

\$0 USD Estimate

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 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).

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 |
|--------------------|---------------------|---------------------|-------------------------|------------|
| MIMEDX GROUP, INC. | Michael J. Culumber | Michael J. Culumber | Chief Financial Officer | 2009-11-19 |

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.