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 NIFORM LIMITED OFFERING EXEMPTIO

Name of Offering (  check if this is an amendment and name has changed, and indicate change)   Maple Hill Micro-Cap Valle Fund, LLLP			UNIFORM	I LIMITED OFFERING	EXEMPTION		
Linier the information requested about the issuer   A. BASIC IDENTIFICATION DATA	Name of Offering	(□ check if this is ar	n amendment and name ha	as changed, and indicate cl	nange.) Maple Hill	Micro-Cap Value Fund,	LLLP
A. BASIC IDENTIFICATION DATA  Linear the information requested about the issuer  Vame of Issuer (				Rule 505	tule 506	ection 4(6) ULOE	<del></del>
Aug.   Fine the information requested about he issuer   Maple Hill Micro-Cap Value Fund, LLLP	Type of Filing:	□ New Filing		ASIC IDENTIFICATIO	N DATA		
Age   Company   Company	Enter the informat	ion requested about th		ASIC IDENTIFICATIO	N DATA		
Maple Hill Micro-Cap Value Fund, LLLP				as changed, and indicate cl	nange.)		
Number and Street, City, State, Zip Code   Telephone Number (Including Area Code		`		<b>3</b> .	<i>5</i> ,		
Composition			(Number and Street, Ci	ty, State, Zip Code)	Telephone Num	ber (Including Area Code)	
Composition	006 Rluff Street		Glencoe, Ill	inois 60022	(847) 835-7250		
PROCESS		Business Operations				ber (Including Area Code)	
PROCESS    Corporation	if different from Ex-	ecutive Offices)	·		<u> </u>		
Corporation				•	•		PROCESSE
Dusiness trust						,	POOL
Actual or Estimated Date of Incorporation or Organization:  7 92					ther (please specify):		ALIC 1 F 2000
Actual or Estimated Date of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State: (CN for Canada; FN for other foreign jurisdiction)  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.  A. BASIC IDENTIFICATION DATA  2. Enter the information requested for the following:  Each promoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive Officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Maple Hill Capital Management, LLC  Business or Residence Address (Number and Street, 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, if individual)	<u> </u>	ss trust					HOR TO TOTAL
Enter two-letter U.S. Postal Service abbreviation for State: (CN for Canada; FN for other foreign jurisdiction)  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.  A. BASIC IDENTIFICATION DATA  2. Enter the information requested for the following:  Each promoter of the issuer, if the issuer has been organized within the past five years;  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;  Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Maple Hill Capital Management, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  Director   General and/or Managing Partner  Full Name (Last name first, if individual)	Actual or Estimated	Date of Incorporation			⊠ Actual	□ Estimated	THORSEON
CN for Canada; FN for other foreign jurisdiction)   ATTENTION						_ bounday	FINANCIAL
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Full Name (Last name first, if individual)  Maple Hill Capital Management, LLC  Business or Residence Address (Number and Street, City, State, Zip Code)  Dobe Bluff Street, Glencoe, Illinois 60022  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	<ul><li>Each prof</li><li>Each ben</li><li>Each exe</li></ul>	moter of the issuer, if t eficial owner having the cutive officer and direct	the issuer has been organishe power to vote or dispositor of corporate issuers a	se, or direct the vote or dis nd of corporate general an	position of, 10% or mo		rities of the issuer;
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Business or Residence Address (Number and Street, City, State, Zip Code)  206 Bluff Street, Glencoe, Illinois 60022  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	ull Name (Last nan	ne first, if individual)			<del>.</del>		
Business or Residence Address (Number and Street, City, State, Zip Code)  206 Bluff Street, Glencoe, Illinois 60022  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)	Manle Hill Canital	Management LLC					
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)			and Street, City, State, Z	ip Code)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last name first, if individual)						Control of the Contro	
	Check Box(es) that A	Apply: 🛛 Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or M	Ianaging Partner
Maley, David M.	Full Name (Last nam	ne first, if individual)			<del></del>		
Maley, David M.							
Business or Residence Address (Number and Street, City, State, Zip Code)	Maley, David M. Business or Residen	ce Address (Number	and Street, City, State, Z	ip Code)		11 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
006 Bluff Street, Glencoe, Illinois 60022	one Diverse	longon Illimais (0000					
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner			☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or M	Ianaging Partner

- Bu:	siness or Residence Add	lress (Number	and Street, City, State, Zi	p Code)			
Ch	eck Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partn	er
Ful	l Name (Last name first	t, if individual)					
Bu	siness or Residence Add	iress (Number	and Street, City, State, Zi	ip Code)			
Ch	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partn	ner
Ful	l Name (Last name first	t, if individual)					
Bu	siness or Residence Add	iress (Number	and Street, City, State, Zi	ip Code)	204		
_			B. INI	FORMATION ABOUT OF	FERING		
1.	ŕ	Answer a	r intend to sell, to non-acc also in Appendix, Column	redited investors in this offe 2, if filing under ULOE.	ring	n	Yes No □ 🔯
2.	what is the minimum	investment tha	t will be accepted from an	iy individuai? \$100,000 (ma	iy at times be waived	i)	Yes No
3.	Does the offering per	mit joint owners	ship of a single unit?				
4.	solicitation of purcha registered with the SI	isers in connecti EC and/or with	on with sales of securities	s in the offering. If a persor ame of the broker or dealer.	to be listed is an ass	any commission or similar remuneration cociated person or agent of a broker or opersons to be listed are associated person.	lealer
Fu	ll Name (Last name first	t, if individual)					
Bu	siness or Residence Add	dress (Number a	nd Street, City, State, Zip	Code)			
Na	me of Associated Broke	er or Dealer	~~~	· · · · · · · · · · · · · · · · · · ·			<del></del>
Sta	ttes in Which Person Lis	sted Has Solicite	ed or Intends to Solicit Pur	rchasers			
Fu	ll Name (Last name first	t, if individual)					***************************************
Bu	siness or Residence Add	dress (Number a	nd Street, City, State, Zip	Code)			
Na	me of Associated Broke	er or Dealer				. 200	,
Sta	ates in Which Person Lis	sted Has Solicite	ed or Intends to Solicit Pur	rchasers			

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	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 $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u></u>	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$3,310,000
	Other (Specify)	\$	. \$
	Total	\$ <u></u> _	\$3,310,000
	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."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 3,310,000
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	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	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		_ \$
	Rule 504		\$
	Total		

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4.	may	Furnish a statement of all expenses in connection with the issuance and distribution of the securities are offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an mate and check the box to the left of the estimate.			
		Transfer Agent's Fees		<u> </u>	5
		Printing and Engraving Costs		_ s	§
		Legal Fees	Σ	3 5	\$200.00
		Accounting Fees		_ s	S
		Engineering Fees			\$
		Sales Commissions (specify finders' fees separately)			\$
		Other Expenses (identify)			\$
		Total			\$
	b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and to response to Part C - Question 4.1. This difference is the "adjusted gross proceeds to the issuer."	tal expenses furnished in	\$	3,309,800 (1)
5.	is no	cate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each o of known, furnish an estimate and check the box to the left of the estimate. The total of the payments er set forth in response to Part C - Question 4.b above.	Payments to Officers, Directors, & Affiliates	usted gro	Payments To Others
		Salaries and fees			25,000 (4)
		Purchase of real estate	□ \$		
		Purchase, rental or leasing and installation of machinery and equipment	□ \$		<b></b>
		Construction or leasing of plant buildings and facilities	□ \$		<b></b>
		Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	<b>-</b> !	· \$
		Repayment of indebtedness	□ \$ <u>5,000 (3)</u>	<b>-</b> !	<u> </u>
		Working capital	□ \$		ß
		Other (specify): Investments	<u>\$</u>	⊠:	\$ <u>3,207,800</u>
		Column Totals	<b>⊠</b> \$ <u>77,000</u>	⊠:	\$ <u>3,232,800</u>
		Total Payments Listed (column totals added)		\$ <u>3,309</u>	2,800

<sup>(1)</sup> Organization and initial offering expenses (through August 2002) were borne by Maple Hill Capital Management, LLC, the general partner, subject to reimbursement of up to \$25,000 of actual costs thereof in equal installments over a 60-month period.

(2) Estimated management fee for next 12 months (1.5% of net asset value).

<sup>(3)</sup> Reimbursement of offering expenses paid by general partner.

<sup>(4)</sup> Estimated brokerage commissions expected to be paid to non-affiliates during next 12 months of operation.

D.	FED	ER.	ΔI.	SIGN	A	TURE	
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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)
Maple Hill Micro-Cap Value Fund, LLLP

Name of Signer (Print or Type)
David M. Maley

Signature

Date
August 5, 2003

Title of Signer (Print of Type)
President of Maple Hill Capital Management, LLC, the general partner of the issuer

## E. STATE SIGNATURE

- 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? ...... Yes ► No See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)
Maple Hill Micro-Cap Value Fund, LLLP

Name of Signer (Print or Type)
David M. Maley

Signature

Date
August 5, 2003

Title of Signer (Print or Type)
President of Maple Hill Capital Management, LLC, the general partner of the issuer

APPENDIX

1	2		3			4			5 Disqualifi	
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA			,							
СО										
СТ										
DE										
DC							:			
FL		Х		1	300,000	0	0		х	
GA										
НІ										
ID										
IL		X		12	2,810,000	0	0		X	
IN										
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KS										
KY										
LA										
ME										
MD										
МА								<u> </u>		
MI								ļ		
MN								ļ		
MS								ļ		
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APPENDIX

1	Intend to non-ac investors (Part B-	to sell credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NE		,							
NV									
NH									
NJ									
NM									
NY		X		2	200,000	0	0		X
NC									
ND									
ОН									
ОК									
OR									
PA							·		
RI								·	
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WI									
WY									
PR									
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