√ FORM D RECEIVED

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 Number: -Expires: Estimated average burden hours per form

OMB APPROVAL

SEC USE ONLY



Name of Offernig (Circle if this is an amendment and name has changed, and mulcate change.)
December 2005 Loan Agreement
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing New Filing Amendment
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.)
Xillix Technologies Corp.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
#100 – 13775 Commerce Parkway, Richmond, British Columbia, (604) 278 – 5000
VUV 2 V 4
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
(if different from Executive Offices)
Brief Description of Business
DEC 3 0 2005
Type of Business Organization THOMSON
corporation limited partnership, already formed LLC, already formed other (plessing)
business trust limited partnership, to be formed LLC, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: 1 1 9 0
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) $C N $
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GENERAL INSTRUCTIONS

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 in 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.



		A. BASIC IDENTI	FICATION DATA		
2. Enter the information req	uested for the fol	lowing:			
• Each promoter of the is	suer, if the issue	r has been organized with	in the past five years;		
 Each beneficial owner leach securities of the issuer; 	naving the power	to vote or dispose, or dis	rect the vote or dispositi	on of, 10% or i	more of a class of equity
• Each executive officer a	and director of co	orporate issuers and of co	rporate general and mar	naging partners	of partnership issuers; and
• Each general and manage	ging partner of p	artnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	ΞExecutive Officer	EDirector	General Partner Managing Partner
Full Name (Last name first, Roney, Cynthia	if individual)				
Business or Residence Addr 2261 West 37 th Ave, V				74".	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	ΞDirector	☐ General Partner Managing Partner
Full Name (Last name first, Jaggi, Bruno	if individual)				
Business or Residence Addr 2861 West 3 rd Ave, V					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	≅ Director	General Partner Managing Partner
Full Name (Last name first, Phillips, Michael	if individual)				
Business or Residence Addr 1415 Coats Drive, Ga		•	· ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Ξ Director	☐ General Partner Managing Partner
Full Name (Last name first, Sutherland, Robert	if individual)				
Business or Residence Addr 1270 Trinity Drive, M	•	•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	EDirector	☐ General Partner Managing Partner
Full Name (Last name first, Stewart, Richard	if individual)				
Business or Residence Addr 5803 153 rd Ave SE, B			Code)		
Check Box(es) that Apply:	☐ Promoter		Executive Officer	ΞDirector	☐ General Partner Managing Partner
Full Name (Last name first, Jordan, Guy	if individual)	,			
Business or Residence Addr	ess (Number a	nd Street City State Zin	Code)		

9940 E. Powder Ridge Rd. PO Box 8091, Alta, Utah 84092

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A	A. BASIC IDENTIFICA	TION DATA (continue	d)	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	EDirector	General Partner
onesa Bon(es) mac rippi,					Managing Partner
Full Name (Last name first,	if individual)				
Starr, Eugene					
Business or Residence Addr	•	•			
12555 High Bluff Dri					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Ξ Executive Officer	Director	☐ General Partner Managing Partner
Full Name (Last name first,	if individual)				
Gannon, Brett					
Business or Residence Addre	ess (Number a	nd Street, City, State, Zip	Code)		
100-13775, Commerce	e Parkway, I	Richmond, BC, V6V	/ 2V4, Canada		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ξ Executive Officer	Director	General Partner
				-	Managing Partner
Full Name (Last name first,	if individual)				
DuMonceaux, Patrick	ζ.				
Business or Residence Addre	ess (Number a	nd Street, City, State, Zip	Code)		
100-13775, Commerce	e Parkway, I	Richmond, BC, V6V	/ 2V4, Canada		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Ξ Executive Officer	Director	General Partner
					Managing Partner
Full Name (Last name first,	if individual)				
Fengler, John					
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip	Code)		
100-13775, Commerce	e Parkway, I	Richmond, BC, V6V	7 2V4, Canada		
Check Box(es) that Apply:	Promoter	Beneficial Owner	ΞExecutive Officer	Director	General Partner
					Managing Partner
Full Name (Last name first,	if individual)				
Ngungu, Robson					
Business or Residence Addr	ess (Number a	nd Street, City, State, Zip	Code)		
100-13775, Commerc	e Parkway, I	Richmond, BC, V6V	V 2V4, Canada		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	EDirector	General Partner
			•		Managing Partner
Full Name (Last name first,	if individual)				
·	,				
Business or Residence Addr	ess (Number a	nd Street City State Zir	Code)		

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				В. І	NFORMA	TION AB	OUT OFF	ERING					
												Yes	No
1. Ha	is the issuer	sold, or do							_				\boxtimes
					n Appendix						\$	N/A	
2. W	2. What is the minimum investment that will be accepted from any individual?					Yes	No						
3. Do	3. Does the offering permit joint ownership of a single unit?						\boxtimes						
4. En	ter the info	rmation rec	uested for	each pers	on who ha	s been or	will be pai	d or given,	directly o	r indirectly	, any		
	mmission or												
	a person to												
	te or states, ch a broker								ed are assor	ciated perso	ons or		
	ne (Last nar						<u></u>					·········	
Business	or Residen	ce Address	(Number	and Street	City State	Zin Code	e)						
D 45111 0 55	or residen	00 11001033	(Ivanioui)	ind Street,	, City, State	, zip cou	<i>c</i>)						
	 												
Name of	Associated	Broker or	Dealer										
								. <u></u>					
	Which Per						sers						
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□AL □IL	□AK □IN	∐AZ □IA	□ar □ks	□KY □CA	□CO □LA	CT	□DE □MD	□DC □MA	□FL □MI	□GA □MN	□HI		
☐MT	□NE	□NV □TA	Пин	□NJ	□LA □NM	□ME □NY	□MC	□MA □ND	□он	□ok	□MS □OR		PA
□RI	□sc	□SD	☐TN	☐TX	UT	□VT	□NC □VA	□WA		□WI	MA		PR
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ruii Nai	iie (Last iiai	ne mst, n	marviduai)										
Business	or Residen	ce Address	(Number	and Street,	, City, State	e, Zip Cod	e)						
Name of	Associated	Broker or	Dealer										
States in	n Which Per	son Listed	Has Solici	ted or Inte	nds to Soli	cit Purchas	sers						
(Chec	ck "All State	es" or chec	k individua	l States)								_	ll States
□AL	□AK	□AZ	□AR	□CA	□co	CT	DE	DC	FL	□GA	□HI		ID
□IL	□IN	□IA	□KS	□KY	□LA	ME	□MD	□MA	□MI	□MN	□MS		MO
\square MT	□NE	ПИA	□ин	□ил	МИ	\square NY	□ис	ПиD	Пон	□ok	□ OR		PA
RI	□sc	□SD	□TN	☐TX	UT	TV	AV	AW	□WV	WI	□WY		PR
Full Nar	ne (Last nat	ne first, if	individual)										
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Cod	e)						
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Mama at	Associated	Drokon on	Doolor	·									
Name of	Associated	Diokei oi	Dealer										
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□IL □MT	□IN □NE	□IA □VV	□nh □ks	□nj □ky	□LA □NM	□ME □NY	☐NC	□MA □ND	OH	□ok □mn	□MS □OR	_	PA
□MI □RI	□NE □SC	□SD	□NH □TN	☐TX	UT	□VT		□WA		WI	□WY		PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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 Pri	ce	Amount Already Sold
	Debt	\$	\$	
	Equity	\$	\$	
	☐ Common ☐ Preferred	Y	*	
	Convertible Securities (including warrants) Warrants	\$_560,190	\$	0
	Partnership Interests	\$	\$	
	Other (Specify) Guaranty of Secured Promissory Notes	\$ 5,500,000	<u> </u>	5,500,000
	Total	\$ 6.060.190		_5,500,000
	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."	Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	\$ <u> 1 </u>	\$	5,500,000
	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 $\underline{\text{Rule } 504}$ or $\underline{505}$, 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 offering	Type of Security		Dollar Amount Sold
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
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		Ξ \$	150,000
	Accounting Fees		□ \$	·
	Engineering Fees			
	Sales Commissions (specify finders' fees separately)		_ \$	
	Other Expenses (identify) – Loan closin g fees and commitment fees			
	Total			345 500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF	PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C - Question 4.a. This differenthe "adjusted gross proceeds to the issuer."	ce is	\$_	5,714,690
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be for each of the purposes shown. If the amount for any purpose is not known, furnish an esting and check the box to the left of the estimate. The total of the payments listed must equal adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	mate		
	Paymer Office Directo Affilia	ers, rs, & ates	Payments To Others
Salaries and fees			
Purchase of real estate			
Purchase, rental or leasing and installation of machinery and equipment	\$	🗆 \$_	
Construction or leasing of plant buildings and facilities	- □\$		
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)			
Repayment of indebtedness		🗆 \$_	
Working capital	· U\$		
Other (specify)			5,714,690
Other (specify)	\$		
Column Totals	· 🗆 \$	×_	5,714,690
Total Payments Listed (column totals added)	⊠ \$	5,714,690	
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized problems is greature constitutes an undertaking by the issuer to furnish to the U.S. Securities	and Exchange Con	mmission, upon	
its staff, the information furnished by the issuer to any non-accredited investor pursuant to Issuer (Print or Type) Signature	paragraph (b)(2)	Date	
Xillix Technologies Corp.		Dec.	20/05
Name of Signer (Print or Type) Title of Signer (Print or Type)			
Cynthia Roney President & C	EO		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)