FORM D

SECULIAR SEC

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

OLID	ADDDOVAL	
UMB	APPROVAL	

OMB Number: 3235-0076

Expires: April 30, 2008

Expires: April 30, 200 Estimated average burden

hours per response . . . 16.00

SEC USE ONLY					
Prefix	Serial				
	l				
DATE RECEIVED					
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<u> </u>							
Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
	Timberline Value Fund, L.P.						
Filing Under (Check box(es) that apply):	Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE						
Type of Filing: New Filing Amendment							
	A. BASIC IDENTIFICATION DATA	10 1/4 17/1/ 18 18 17/1/ 1/4					
1. Enter the information requested about	the issuer						
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Timberline Value Fund, L.P.	mement and hame has blianged, and mereare shanger,	07072275					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone runner constant					
30262 Crown Valley Parkway, Suite B410, Laguna Niguel, CA 92677 (949) 306-8141							
Address of Principal Business Operations		Telephone Number (Including Area Code)					
(if different from Executive Offices)	(·····································	· · · · · · · · · · · · · · · · · · ·					
Brief Description of Business		OPOCEOCE.					
Direct Description of Business		P PROCESSED					
Pooled Investment Vehicle		D					
Type of Business Organization		540.40					
□ corporation	☑ limited partnership, already formed □	other (please specify): THOMSON FENANCIAL					
☐ business trust	☐ limited partnership, to be formed	COMPLIA					
Actual or Estimated Date of Incorporation or Organization: Month Year 0 3 0 7 🖾 Actual Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)							

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 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. Con-versely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated 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) Timberline Asset Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 30262 Crown Valley Parkway, Suite B410, Laguna Niguel, CA 92677 □ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Harcn, Adam Ben Business or Residence Address (Number and Street, City, State, Zip Code) 30262 Crown Valley Parkway, Suite B410, Laguna Niguel, CA 92677 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) 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) 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) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Director General and/or ☐ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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

						B. INF	ORMA'	TION A	BOUT	OFFE	RING				
														Yes	No
1. Has	the issu	er sold,	or does	the issu	er inten	d to sel	l, to non	ı-accred	ited inv	estors in	this of	ering?			⊠
					Answer	also in	Append	lix, Colı	umn 2, i	f filing	under U	LOE.			
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							\$ 250	, 000							
2	21 10 1110					oc acco	, , , , , , , , , , , , , , , , , , ,			•				Yes	No
3. Doe	s the of	fering p	ermit jo	int owne	ership o	f a singl	e unit?							\boxtimes	
com offer and/ asso	mission ring. If or with ciated p	or sima person a state ersons o	ilar rem n to be or state of such a	uneration listed is s, list the broker	on for s s an ass ne name or deal	olicitati ociated of the	on of p person broker	ourchase or agen or deale	rs in co t of a b r. If mo	onnection roker of ore than	n with r dealer five (5	sales of register persons	or indirectly, any securities in the ed with the SEC to be listed are dealer only.		
Full N	ame (La	st name	first, if	individ	ual)										
Busine	ess or Re	sidence	Addres	s (Num	ber and	Street,	City, Sta	ate, Zip	Code)				·-		
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name	01 Asso	ciated B	oroker o	Dealer											
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[SC] [SD] [TN] [TX]

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 of-		
fered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$500,000,000	\$395,000
Other (Specify)	\$	\$
Total		\$395,000
Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	4
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	Aggregate
	Investors	Dollar Amount of Purchases
Accredited Investors	6	\$ 395,000
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, 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	Time of	Dollar Amount
Type of offering	Type of Security	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	\boxtimes	\$ <u>4,000</u>
Legal Fees	\boxtimes	\$ 12,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Blue sky expenses	_ ⊠	\$
Total		\$ 20,000