FORM D



SectionSEC Mail U.S. Securities and Exchange Commission

Washington, DC 205420

(See instructions beginning on page 5)

OMB Number: 3235-0076 Expires: October 31, 2008 Estimated average burden hours per response: 4.00

J8063878 Shall misstatements or continued the statements or continued the statement of the st	omissions of fact const	itute rederai criminaj.vio	nations, See 18 0.3.C. 1001.
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
Asset Backed Finance Fund, LLC			Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
California			Limited Liability Company General Partnership
(specify year)	2008	t to Be Formed	Business Trust Other (Specify)
(If more than one issuer is filing this notice, check th Item 2. Principal Place of Business and (attaching Items 1 and 2 Continuation Page(s)
Street Address 1		Street Address 2	
		Street Address 2	
17001 Beach Blvd, Suite 300			
	e/Province/Country	ZIP/Postal Code	Phone No.
Huntington Beach CA		92647	714-596-6333
tem 3. Related Persons			
Last Name	First Name		Middle Name
Kraemer	Steven		Joseph
Street Address 1		Street Address 2	
278 Argonne Ave			PROCESSED
City State	/Province/Country	ZIP/Postal Code	NOV 0 4 2008
Long Beach CA		90803	1107 0 1 2000
Relationship(s): X Executive Officer Dir	ector Promoter		THOMSON REUTERS
Clarification of Response (if Necessary) Presider	nt of Managing Mem	her - West Coast Servi	icina Inc
(Identify add	ditional related person		and attaching Item 3 Continuation Page(s)
Agriculture Banking and Financial Services	Energy	Sel vices	Construction REITS & Finance
Commercial Banking	○ Elect	ric Utilities	Residential
Insurance	\subseteq	gy Conservation	Other Real Estate
InvestingInvestment Banking	\subseteq	Mining onmental Services	Retailing
Pooled Investment Fund	Oil &		Restaurants
If selecting this industry group, also select one	fund Othe	r Energy	Technology Computers
type below and answer the question below:	Health C	are	Telecommunications
Hedge Fund Private Equity Fund	$\stackrel{\smile}{\sim}$	chnology	Other Technology
Venture Capital Fund	\sim	:h Insurance itals & Physcians	Travel
Other Investment Fund	<u> </u>	naceuticals	Airlines & Airports
Is the issuer registered as an investment	Othe	r Health Care	Conventions
company under the Investment Compan Act of 1940? Yes No	Manufac (turing	Tourism & Travel Services Other Travel
Other Banking & Financial Services	Real Esta	i te mercial	Other

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U.S. Securities and Exchange Commission

Washington, DC 20549 Item 5. Issuer Size (Select one) Aggregate Net Asset Value Range (for issuer Revenue Range (for issuer not specifying "hedge" specifying "hedge" or "other investment" fund in or "other investment" fund in Item 4 above) Item 4 above) OR No Aggregate Net Asset Value No Revenues \$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 (Select all that apply) Item 6. Federal Exemptions and Exclusions Claimed Investment Company Act Section 3(c) Rule 504(b)(1) (not (i), (ii) or (iii)) Section 3(c)(9) Section 3(c)(1) Rule 504(b)(1)(i) Section 3(c)(10) Section 3(c)(2) Rule 504(b)(1)(ii) Section 3(c)(11) Section 3(c)(3) Rule 504(b)(1)(iii) Section 3(c)(12) Section 3(c)(4) **Rule 505** Section 3(c)(13) Section 3(c)(5) Rule 506 |X| Section 3(c)(6) Section 3(c)(14) Securities Act Section 4(6) Section 3(c)(7) Item 7. Type of Filing Amendment New Notice **OR** Date of First Sale in this Offering: 09/04/2008 First Sale Yet to Occur OR Item 8. Duration of Offering Does the issuer intend this offering to last more than one year? ☐ Yes **⋈** No Item 9. Type(s) of Securities Offered (Select all that apply) Pooled Investment Fund Interests **X** Equity Tenant-in-Common Securities Debt **Mineral Property Securities** Option, Warrant or Other Right to Acquire Other (Describe) Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction Is this offering being made in connection with a business combination ☐ Yes transaction, such as a merger, acquisition or exchange offer? Clarification of Response (if Necessary)

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Item 11. Minimum Investment Minimum investment accepted from any ou	utside investor \$	1.00		
		1.00		
Item 12. Sales Compensation				
Not Applicable		Recipient CRD Nu	mber	No CRD Number
		(Associated) Broke	er or Dealer CRD Nu	
Associated) Broker or Dealer Non	.e	(Associated) broke	er of Dealer Cho Hui	No CRD Number
Street Address 1		Street Address 2		
City	State/Province	/Country ZIP/Po	ostal Code	
States of Solicitation All States AL AK AZ AR	X CA CO C	CT DE	DC FL	∏GA ∏HI ∏ID
IL IN IA KS	KY LA	ME MD	MA MI	MN MS MO
MT NE NV NH		NY NC	ND OH	OK OR PA
☐ RI ☐ SC ☐ SD ☐ TN ☐	TX UT	VT 🗌 VA 🛚	□ wa □ wv	☐ WI ☐ WY ☐ PR
(Identify additional person(s)	•	on by checking this	box and attach	ing Item 12 Continuation Page(s
Item 13. Offering and Sales Amou	nts			·
(a) Total Offering Amount			OR	X Indefinite
(b) Total Amount Sold \$ 7	700,000.00			
(c) Total Remaining to be Sold (Subtract (a) from (b))			OR	X Indefinite
Clarification of Response (if Necessary)				· · · · · · · · · · · · · · · · · · ·
Depending on opportunities in the mark	(et, addition sales ma	y occur.		
Item 14. Investors				
Check this box if securities in the offering number of such non-accredited investors when the control is the control in the control is the control in the co	I have been or may be so no already have investe	d in the offering.	do not qualify as ac None	credited investors, and enter the
			-	•
Enter the total number of investors who alre	eady have invested in th	ne offering: 1		
Item 15. Sales Commissions and F	Finders' Fees Ex	penses		
Provide separately the amounts of sales com check the box next to the amount.	missions and finders' f	ees expenses, if any	. If an amount is no	t known, provide an estimate an
	:	Sales Commissions \$	None	Estimate
Clarification of Response (if Necessary)		Finders' Fees \$	None	☐ Estimate
No sales commission or compensation v	vill be paid as part of	this offering		

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em 16. Use of Proceeds	
ovide the amount of the gross proceeds of the offering that has been or ed for payments to any of the persons required to be named as rectors or promoters in response to Item 3 above. If the amount is un timate and check the box next to the amount.	executive officers, \$ None
Clarification of Response (if Necessary)	
No preferred return or salary will be paid to executive of	officers, directors or promoters .
gnature and Submission	
Please verify the information you have entered and review the	e Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	identified issuer is:
process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in a against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excl. Company Act of 1940, or the Investment Advisers Act of 1946. State in which the issuer maintains its principal place of business.	cousiness and any State in which this notice is filed, as its agents for service of e on its behalf, of any notice, process or pleading, and further agreeing that any Federal or state action, administrative proceeding, or arbitration brought the United States, if the action, proceeding or arbitration (a) arises out of any ne subject of this notice, and (b) is founded, directly or indirectly, upon the hange Act of 1934, the Trust Indenture Act of 1939, the Investment 0, or any rule or regulation under any of these statutes; or (ii) the laws of the ness or any State in which this notice is filed. Exemption, the issuer is not disqualified from relying on Rule 505 for one of
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to rec "covered securities" for purposes of NSMIA, whether in all instances	lational Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, quire information. As a result, if the securities that are the subject of this Form D are or due to the nature of the offering that is the subject of this Form D, States cannot wise and can require offering materials only to the extent NSMIA permits them to do
	ts to be true, and has duly caused this notice to be signed on its behalf by the nd attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Asset Backed Finance Fund, LLC	Steve Kraemer
Signature	Title
711	President of Managing Member, West Coast Servicing, Inc.
	Date
Number of continuation pages attached: 1	October 14, 2008

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.

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 3 Continuation Page

Last Name	First Name		Middle Name
Thayer	Dale		Franklin
Street Address 1		Street Address 2	
38 Cape Andover			
Lity	State/Province/Country	ZIP/Postal Code	
Newport Beach	California	92660	
Relationship(s): X Executive Office	cer Director Promoter		
		NA	. <u>. </u>
Clarification of Response (if Necessary	CFO of Managing Member -	west Coast Servicing, in	<u> </u>
Last Name	First Name		Middle Name
Ohno	Glenn	<u></u>	Patrick
Street Address 1		Street Address 2	
281 St. Joseph			
Lity	State/Province/Country	ZIP/Postal Code	
Long Beach	CA	90803	
	cer Director Promoter		
		Member - West Coast S	ervicing, Inc.
Clarification of Response (if Necessary			ervicing, Inc. Middle Name
Clarification of Response (if Necessary	VP-OPerations of Managing	Member - West Coast 5	
Clarification of Response (if Necessary	VP-OPerations of Managing First Name	Street Address 2	
Clarification of Response (if Necessary Last Name Street Address 1	VP-OPerations of Managing		
Relationship(s): X Executive Offication of Response (if Necessary	VP-OPerations of Managing First Name	Street Address 2	
Clarification of Response (if Necessary Last Name Street Address 1	VP-OPerations of Managing First Name State/Province/Country	Street Address 2	
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi	VP-OPerations of Managing First Name State/Province/Country cer Director Promoter	Street Address 2	
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi	VP-OPerations of Managing First Name State/Province/Country cer Director Promoter	Street Address 2	
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi Clarification of Response (if Necessary	First Name State/Province/Country cer Director Promoter	Street Address 2	Middle Name
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi Clarification of Response (if Necessary	VP-OPerations of Managing First Name State/Province/Country cer Director Promoter	Street Address 2	
Clarification of Response (if Necessary Last Name City Relationship(s): Executive Offi Clarification of Response (if Necessary	First Name State/Province/Country cer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary Last Name City Clarification of Response (if Necessary Clarification of Response (if Necessary	First Name State/Province/Country cer Director Promoter	Street Address 2	Middle Name
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi Clarification of Response (if Necessary Last Name Street Address 1	First Name State/Province/Country cer Director Promoter First Name	Street Address 2 ZIP/Postal Code Street Address 2	Middle Name Middle Name
Clarification of Response (if Necessary Last Name Street Address 1	First Name State/Province/Country cer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Clarification of Response (if Necessary Last Name Street Address 1 City Relationship(s): Executive Offi Clarification of Response (if Necessary Last Name Street Address 1	First Name State/Province/Country First Name State/Province/Country State/Province/Country	Street Address 2 ZIP/Postal Code Street Address 2	Middle Name Middle Name