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SHARED 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

186		
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Prefix		Serial
DAT	LE RECEI	√ED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)
OFFERING OF 300,000 SHARES AT CDN\$0.20 (US\$0.21 (1)) PER SHARE
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [X] 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.)
HILLCREST RESOURCES LTD.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 (604) 999-5603
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) (same) (same) (same)
Dui-CDi-di CDi
MINERAL EXPLORATION/DEVELOPMENT NOV 1 4 2007
T CD : O : i
X corporation [] limited partnership, already formed [] other (please specify):
[] business trust [] limited partnership, to be formed [] other (please spectry): FINANCIAL
Month Year
Actual or Estimated Date of Incorporation or Organization: 0 5 2 0 0 6 [x] 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 CN (British Columbia)

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. 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.

⁽¹⁾ Based on an exchange rate of CDN\$1.00 per US\$1.034 as at October 25, 2007

Potential 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 control number. 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 | X | Executive Officer | X | Director [] General/Managing Partner Full Name (Last name first, if individual) RYAN FLETCHER Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [| Promoter [| Beneficial Owner [| Executive Officer | X | Director | | General/Managing Partner Full Name (Last name first, if individual) DAVID STONE Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X | Director [] General/Managing Partner Full Name (Last name first, if individual) **CHARANJIT HAYRE** Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X | Director [] General/Managing Partner Full Name (Last name first, if individual) CONRAD LACKER Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) MALCOLM J.A. SWALLOW Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X | Director [] General/Managing Partner Full Name (Last name first, if individual) ANNE MCCANDLESS Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [X] Director [] General/Managing Partner Full Name (Last name first, if individual) DONALD GEE Business or Residence Address (Number and Street, City, State, Zip Code) 1601-700 West Pender Street, Vancouver, B.C. V6C 1G8 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General/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)

				R INF	ORMATI	ON ARO	UT OFF	FRING	 _			
1. Has the	issuer sol	d, or does	the issuer i						g?		Yes	No
Answer also in Appendix, Column 2, if filing under ULOE 2. What is the minimum investment that will be accepted from any individual?										[X] N/A		
2. ************************************	ine minu	ium mvesi	inche that v	viii oc acce	pied from a	my marvid	uaii	••••••			Yes	No
												[X]
										indirectly, a g. If a person		
										ne name of th		
	dealer only		to be fisted	i are assoc	iaied perso	ns of such	a broker o	or dealer, y	ou may se	t forth the ir	normano:	n ior inai
Full Name			individual)									
N/A Rusiness	or Deciden	ca Addres	s (Number	and Street	City State	7in Code		· · · · · · · · · · · · · · · · · · ·	· · · · ·			
Dusiness	oi Kesideli	ce Addres	s (ivuinoei	and succi,	Cny, State	, Zip Coue	,					
Name of	Associated	Broker or	Dealer								•	
States in	Which Per	son Listed	Has Solicit	ted or Inter	nds to Solic	it Purchase	rs (Check	"All States'	or check	individual St	ates) ~ A	II 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]
[MT]	[NE]	[NV]	[NH]	[11]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nar	ne first, if	individual)									
Business	or Residen	ce Addres	s (Number	and Street,	City, State	, Zip Code)		····			
Name of	Associated	Broker or	Dealer									
<u> </u>	1171 1 B	•••			1 . 0 !!	1. D. 1	(0)					11.0.
[AL]	Which Per: [AK]	son Listed [AZ]	[AR]	ted or Inter	ids to Solic	it Purchase [CT]	rs (Check [DE]	"All States" [DC]	or cneck	individual St [GA]	ates) ~ A [HI]	II States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נאן]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			individual)									
Dusinass	on Dooidon	aa Addaaa	s (Number	and Street	City State	Zin Codo	<u> </u>					
Dusiness	or Residen		s (Number	and Street,	City, State	, Zip Code	·)					
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed	Has Solici	ted or Inter	nds to Solic	it Purchase	ers (Check	"All States	or check	individual St	lates) ~ A	II 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]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nar	ne first, if	individual)									
Business	or Resider	ice Addres	s (Number	and Street,	City, State	, Zip Code	:)					
Name of	Associated	Broker or	Dealer		••				<u>.</u>			
States in	Which Per	son Listed	Has Solici	ted or Inter	nds to Solic	it Purchasi	ers (Check	"All States	" or check	individual S	tates) ~ A	II 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]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]

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

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

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 offered for exchange and already exchanged.	Aggragata		Amount Alegady
Type of Security	Aggregate Offering Price		Amount Already Sold
Debt	\$0		\$0
Equity	\$63,000		\$63,000
[X] Common [] Preferred			
Convertible Securities (including warrants)	\$0		\$0
Partnership Interests	\$0		\$0
Other (Specify):	\$0		\$0
Total	\$63,000		\$63,000
Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>		
2. From the months of constitution of the state of the st			
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			Aggregate Dollar
have purchased securities and the aggregate dollar amount of their purchases on	Number		Amount
the total lines. Enter "0" if answer is "none" or "zero."	Investors		of Purchases
Accredited Investors	2		\$63,000
Non-accredited Investors	NIL		\$ NIL
Total (for filings under Rule 504 only)	N/A		\$ N/A
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	Type of Security		Dollar Amount Sold
Rule 505	N/A		\$ N/A
Regulation A	N/A		\$ N/A
Rule 504	N/A		\$ N/A
Total	N/A		\$ N/A
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		[]	\$0
Printing and Engraving Costs		ĺ	\$0
Legal Fees		[X]	\$1,000
Accounting Fees		ij	\$0
Engineering Fees		ii	\$0
Sales Commissions (specify finder's fees separately)			\$0
Other Expenses (identify): State Filing Fees		[X]	\$ 750
Total		[X]	\$1,750

⁽¹⁾ Based on an exchange rate of CDN\$1.00 per US\$1.034 as at October 25, 2007

	C. OFFERING PRICE, NUMBER OF	INVESTORS EXPENSI	S AND USE OF P	POCE	FDS
4.	b. Enter the difference between the aggregate of response to Part C - Question 1 and total expenses furn C - Question 4.a.	offering price given in	ES AND USE OF F	KOCE	EDS
	This difference is the "adjusted gross proceeds to the iss	suer."			\$61,250
5.	Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown. If the purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must equal the to the issuer set forth in response to Part C - Question 4. Salaries and fees	the amount for any box to the left of the adjusted gross proceeds b above.		. []	Payments to Others \$0
	and equipment		\$ \$0	[]	\$0
	Construction or leasing of plant buildings and facil		- ••	[]	\$0
	Acquisition of other businesses (including the val in this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or securities of	1 50		<u> </u>
	Repayment of indebtedness		ΦU	.[]	\$0 \$0
	Working capital			[]	\$0
	Other (specify): [EXPLORATION OF MINERAL PRO	<u>*</u>	30 \$0	- []	\$61,250
	Column Totals		1 \$0	- i i	\$61,250
	Total Payments Listed (column totals added		\$61,2	50	
50 C	D. FE the issuer has duly caused this notice to be signed by 05, the following signature constitutes an undertrommission, upon written request of its staff, the information paragraph (b)(2) of Rule 502.	aking by the issuer to f	urnish to the U.S.	Securi	ities and Exchange
_					
Is	suer (Print or Type)	Signature		Date	
Н	ILLCREST RESOURCES LTD.	Ryan Floto	hac	Nov	ember 05, 2007
N	ame of Signer (Print or Type)	Title of Signer (Print or	Гуре)		<u>,</u>
R	yan Fletcher	President			

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

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	Yes	No
	of such rule?	[]	[X]
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?			

- 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 signed person.

Issuer (Print or Type)	Signature	Date
HILLCREST RESOURCES LTD.	Ryon Flotorey	November 05, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Ryan Fletcher	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

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1		2	3		4				5 ification			
			m a									
i	_		Type of security									
	Intend t		and aggregate					(if yes, attach				
]	non-acc		offering price		Type of invest				ation of			
		s in State	offered in state		Amount purchase				granted)			
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-Iter			(Part E	-Item 1)			
						Number of						
ĺ				Number of		Non-						
				Accredited		Accredited						
State	Yes	No	Shares	Investors	Amount	Investors	Amount	Yes	No			
AL					· · · · · · · · · · · · · · · · · · ·							
AK	_			·	 	-						
AZ		X	200,000 Shares	1	US\$42,000	NIL	N/A	 	X			
7 2		Λ.	at a price of US	1	03342,000	MIL	IVA		Λ			
			\$0.21 ⁽¹⁾ per					İ				
, ,			share for a total				ļ	ļ	ļ			
			proceeds of									
	_		US\$41,347.94									
AR					<u></u>			<u> </u>				
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NV		1										
NH		X	100,000 Shares	1	US\$21,000	NIL	N/A		X			
			at a price of US	-								
			\$0.21 ⁽¹⁾ per									
			share for a total						•			
ļ							1		1			
			proceeds of					1				
			US\$20,673.97		1		ļ	 				
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PA RI												

APPENDIX

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1										
1			Type of security					Disqualification under State ULC		
	Intend t	o sell to	and aggregate					(if yes,	attach	
	non-acc	credited	offering price		Type of invest	tor and		explana	ation of	
1		s in State	offered in state		Amount purchase			waiver g		
L	(Part B	Item 1)	(Part C-Item 1)	(Part C-Item 2)					Item 1)	
					Number of					
ļ	ļ	ļ	ļ	Number of	ļ	Non-		į	l	
				Accredited		Accredited				
State	Yes_	No	Shares	Investors	Amount	Investors	Amount	Yes	No	
SC								<u> </u>		
SD										
TN										
TX										
UT										
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VA										
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⁽¹⁾ Based on an exchange rate of CDN\$1.00 per US\$1.034 as at October 25, 2007

