Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8640487

ITEM 1 - REPORT TYPE									
✓ New report									
Amended report	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFY	IG THE REPORT								
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
Investment fund issuer									
✓ Issuer (other than	n investment fund)								
Underwriter									
Item 3 - Issuer Name									
	about the issuer, or if the issuer is an investment fund, about the fund.								
	I name Lone Star Fund XI, L.P.								
Previous full le	,								
If the issuer's name ch	ged in the last 12 months, provide most recent previous legal name.]							
Website (if applicable)									
If the issuer has a legal entity is	tifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".								
Legal entity									
If two or more issuers distribute	a single security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.								
Full legal name(s) of co	suer(s) (if applicable)								
ITEM 4 - UNDERWRITER									
If an underwriter is completing Full legal name	e report, provide the underwriter's full legal name and firm NRD number.								
Firm NRD number	(if applicable)								
If the underwriter does not hav Street address	firm NRD number, provide the head office contact information of the underwriter.								
Municipality	Province/State								
Country	Postal code/Zip code								
Telephone number		ble)							
	Website (if applicate)	Jie)							

If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 5 2 5 9 9 0
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
Mortgages 🔽 Real estate 🗹 Commercial/business debt 🔽 Consumer debt 🔽 Private companies
b) Number of employees
Number of employees: Image: Organization of the second secon
c) SEDAR profile number
Does the issuer have a SEDAR profile?
✓ No Yes If yes, provide SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Washington Mall Suite 304, 7 Reid Province/State n/a
Municipality Hamilton Postal code/Zip code HM11
Country Bermuda Telephone number 4412961754
e) Date of formation and financial year-end
Date of formation 2018 06 19 Financial year-end 12 31 YYYY MM DD MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? 🔽 No 🗌 Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.						
✓ \$0 to under \$5M	S5M to under \$25M	\$25M to under \$100M				
\$100M to under \$500M	S500M to under \$1B	\$1B or over				

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund m	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mane	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund the	nt most accurately identifies the issuer (select only one) .					
Money market	Equity Fixed income Balanced					
Alternative strateg	jies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
Is a UCITs Fund ¹						
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	nd financial year-end of the investment fund					
Date of forma	tion Financial year-end					
YYYY MM DD MM DD						
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.					
	AB BC MB NB NL NT					
	NU ON PE QC SK YT					
e) Public listing status	s of the investment fund					
If the investment fund has a	CUSIP number, provide below (first 6 digits only)					
	CUSIP number					
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the tot a trading facility such as, for example, an automated trading system.					
Exchange n						
f) Net asset value (NA	V) of the investment fund					
Select the NAV range of the	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$50	DM \$500M to under \$1B \$1B or over Date of NAV calculation:					
	YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Can purchasers resident in that jurisdie	ada completes a distribution in a juris ction of Canada only. Do not include a which must be disclosed in Item 8. The	in Item 7 securities issue	ed as payment of c	commissions or fi	nder's fees in
a) Currency					
Select the currency or currencies i	n which the distribution was made. Al	ll dollar amounts provid	led in the report m	ust be in Canadi	an dollars.
Canadian dollar	US dollar 🔄 Euro	Other (describ	e)		
b) Distribution date(s)					
State the distribution start and en	d dates. If the report is being filed for f the report is being filed for securities e report.				
Start dat	^{te} 2018 10 10	End da	^{ate} 2018	10 10	
	YYYY MM DD		YYYY	MM DD	
c) Detailed purchaser infor	mation				
Complete Schedule 1 of this	s form for each purchaser and o	attach the schedule	to the complet	ed report.	
d) Types of securities distr	ibuted				
	for all distributions reported on a per SIP number, indicate the full 9-digit C				ow to indicate the
		_		Canadian \$	
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
L P U Limi	ted partnership interests	3.0	0 32,480,000 .0000	259,840,00 0.0000	487,200,000.00
e) Details of rights and cor	vertible/exchangeable securities	3			
were distributed, provide the con	s) were distributed, provide the exerciversion ratio and describe any other t		-		xchangeable securities
Convertible / exchangeable Underlying security code security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other i	tems (if applicable)
f) Summary of the distribut	ion by jurisdiction and exemptior	ו			
State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only. This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within Canada, state the province or territory, otherwise state the country.					
Province or country	Exemption relied	on	Number of unique purchasers	²⁹ Total ar	nount (Canadian \$)
Québec	NI 45-106 2.3 [Accredited inv	vestor]		2	227,360,000.00
British Columbia	NI 45-106 2.3 [Accredited inv	vestor]		1	259,840,000.00
	Tota	al dollar amount of se	curities distribut	ed	487,200,000.00
	Total number of	unique purchasers ^{2b}		3	
^{2a} In calculating the number of u	nique purchasers per row, count each	purchaser only once. Jo	oint purchasers ma	y be counted as a	one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATION	INFORMATION				
Provide information for each person the distribution. Complete additi				-	y compensation in connection with e d.
Indicate whether any compensati	on was paid, or will be pa	id, in connecti	on with the distribu	tion.	
✓ No 🗌 Yes	If yes, indicate num	nber of perso	ns compensated	I.	
a) Name of person compen	sated and registration	status			
Indicate whether the person compe	ensated is a registrant.		No No	Yes	
If the person compensated is an in	dividual, provide the nam	e of the individ	lual.		
Full legal name of individu	la				
	Family na	ame	First g	given name	Secondary given names
If the person compensated is not a	n individual, provide the f	following inform	mation.		
Full legal name of	non-individual				
Firm	NRD number			(if appli	cable)
Indicate whether the person compo	ensated facilitated the dist	tribution throu	gh a funding porta	l or an internet-based po	ortal. 🗌 No 🗌 Yes
b) Business contact informa					
If a firm NRD number is not provid	led in Item 8 (a), provide t	the business co	ntact information o	of the person being com	pensated.
Street address					
Municipality				Province/State	
Country			Po	stal code/Zip code	
Email address			-	Telephone number	
c) Relationship to issuer or	investment fund mana	iger			
Indicate the person's relationship v the Instructions and the meaning o					ning of "connected" in Part B(2) of
	or investment fund mana		· · ·		er than an investment fund)
Director or officer of the	investment fund or invest	tment fund ma	nager 🗌 E	mployee of the issuer o	r investment fund manager
None of the above					
d) Compensation details					
allocation arrangements with the a	nmissions, securities-based as clerical, printing, legal	l compensation or accounting	n, gifts, discounts o services. An issuer i	r other compensation. D s not required to ask for	
Cash commissions paid				Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴		S	ecurity codes		
Describe tern	ns of warrants, options or	other rights			
Other compensation ⁵		Describe			
Total compensation paid					
Check box if the perso	on will or may receive any	deferred com	pensation (describ	e the terms below)	
4					
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compen- security of the security of	Indicate the security cod tional securities of the iss	les for all secu			

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fund	l, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).								
Reporting issuer in any jurisdiction of Canada								
Foreign public issuer								
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶								
Provide name of reporting issuer								
Wholly owned subsidiary of	a foreign public issu	ıer ⁶						
Provide name of	foreign public issue	r]
✓ Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clier	nts only ⁷				
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (a	c). Proceed to Item 1	0.				
 ⁶An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c). 								
a) Directors, executive officer	s and promoters o	of the issuer						
Provide the following information for territory; otherwise state the country.						tate the	province	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individ residen jurisdictic individu	ual or tail on of		onship to ct all that	
				Province or	country	D	0	Р
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or	•					•		
Organization or company name	Family name	First given name	Secondary given	Residential jurisdiction of individual			to promo oth if appl	
				Province or country	D		С)
c) Residential address of eac								L -
Complete Schedule 2 of this form	providing the full r	esidential address	for each individual	usted in Item 9	(a) and (b)	and at	tach to t	he

completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Lone Star Fund XI, L.P.							
Full legal name	Collins							
	Family name		Seconda	ary given n	ames			
Title	VP of Lone Star Management Co. XI, Ltd., as GP Lone Star Partners XI, L.P., as GP of Lone Star XI, L.P.							
Telephone number	4412961754	s scollins@lonestarfunds.com			m			
Signature	"Sandra Collins"	lins" Date		10	16			
			YYYY	MM	DD			

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

					-		_
Full legal name	Williams	Matt			Title	Partner	
	Family name	First given na	me Seconda	y given names			
Name of company	Borden Ladner Gervais	LLP					
Telephone number	4163676261		Email address	⁶ mwilliams@	blg.com		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.