## FINANCIAL DISCLOSURE FORM COVER PAGE

The Financial Disclosure Form ("Form") must be accurately completed and submitted by each Disclosing Entity. The requirement of disclosure of financial interests is a continuing obligation. If circumstances change and the disclosure is no longer accurate, Disclosing Entities must provide an updated form within three (3) business days of the change. The Form must also be updated annually by July 1. Upon review of the Form, CMS and IOC may request additional information to clarify and/or complete the submission.

Separate forms are required for the QP and Sub-Participant; additional disclosures may be required for parent entities, upon request of CMS or IOC.

This di	sclosure is submitted for (check one):		
$\boxtimes$	Qualified Purchaser		
	Sub Participant		
Quali	fied Purchaser Name:	VAP Funding Master Note Trust	
Doing	Business As (DBA):	N/A	
Disclo	osing Entity Name:	VAP Funding Master Note Trust	
	and Jurisdiction of business ation or incorporation, if applicable:	11/30/2012 Delaware Trust	
Instrun	nent of Ownership or Beneficial Interest	(check one):	
	Sole Proprietorship		
	Corporate Stock (C-Corporation, S-Corp	poration, Professional Corporation, Service Corporation)	
	Limited Liability Company Membersh Partnership)	nip Agreement (Series LLC, Low-Profit Limited Liability	
	Partnership Agreement (General Partnership, Limited Partnership, Limited Liability Partnership Limited Liability Limited Partnership)		
$\boxtimes$	Trust Agreement (Beneficiary)		
	Other		
	If you selected Other, please describe:	<u>.</u>	

 STEP 1 SUPPORTING DOCUMENTATION SUBMITTAL
All Disclosing Entities must provide a current organizational chart showing its ownership structure and composition.
ing Entities must select one of the options below and select the documentation you are submitting. ust provide the documentation the applicable section requires with this form.
Option 1 — Publicly Traded Entities  1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.  OR  1.B.  Provide a copy of the federal 10-K (attached or electronically), and skip to Step 3.
Option 2 – Privately Held Entities with more than 200 Shareholders  2.A. Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.  OR  2.B. Complete Step 2, Tables 1 and 2 for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity and attach the information federal 10-K reporting companies are required to report under 17 CFR 229.401.
Option 3 – All other Privately Held Entities  3.A. Complete Step 2, Tables 1 and 2 (and Table 3 if a TRUST) for each qualifying individual or entity holding any direct or indirect financial interest in the Disclosing Entity.

## STEP 2 DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

Complete for all entities. Additional rows may be inserted into the tables or an attachment if needed.

Ownership Share and Distributive Income —Provide the name and address of each person, director, owner, officer, association, financial backer, partnership, other entity, corporation or trust with an indirect or direct financial interest in each qualified purchaser, or entity. If you checked 3.A. and the entity is a TRUST also complete TABLE 3.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE - 1	· VIII 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Name (first, middle, last, maiden, aliases)	Mailing Address	Percentage of Ownership/Interest	Type of Ownership	Class of Stock	Indirect Earnings
100001104100001					

**Distributive Income** – If you selected Option 1.A., 2.A, 2.B. or 3.A. in Step 1, provide the name and address of each individual or entity and their percentage of the Disclosing Entity's total distributive income.

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 2	· · · · · · · · · · · · · · · · · · ·		
Name (first, middle, last, maiden, aliases)	Mailing Address	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect)

Check here if including an attachment with requested information in a format substantially similar to the format below.

TABLE – 3		
Name (first, middle, last, maiden, aliases)	Date of Birth	Mailing Address

Certify that the following statements are true.
I have disclosed all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity. $\boxtimes$ Yes $\square$ No
I have disclosed distributive income for all individuals or entities that hold an indirect or direct ownership interest in the Disclosing Entity.  Yes No
I have disclosed any earnings associated with the Vendor Payment Program to any parties not previously disclosed.  Yes No
STEP 3
DISCLOSURE OF LOBBYIST OR AGENT
Yes No. Have you previously or currently retained or contracted any registered lobbyist, lawyer, accountant, or other consultant to prepare the financial disclosure required under 30 ILCS 540/9?
STEP 4 SIGN THE DISCLOSURE
This disclosure is signed, and made for all entities, by an authorized officer or employee on behalf of the Disclosing Entity. This disclosure information is submitted on behalf of:
Name of Disclosing Entity:
BY: U.S. Bank Trust National Association. Trustee
Signature: Date: October 19, 2018
Printed Name: Julia Linian
Title: Vice President
Phone Number: <u>312 332-7539</u>

Ownership Share and Distributive Income **VAP Funding Master Note Trust** 07/01/18 - 09/30/2018 Table 1 and Table 2

TABLE – 1 and 2							
Name (first, middle, last, maiden, allases)	Mailing Address	% of Ownership/Inte rest	Type of Ownership	Class of Stock	Earnings (1)	% of Distributive Income	\$ Value of Distributive Income (Direct and Indirect) (2)
Bluestone Capital Markets, LLC	700 W. Morse Blvd, Suite 220, Winter Park FL 32789		100% Certificate	N/A	÷. \$	100%	\$ 5,488,245

(1) Accrued certificate income from 7/1/2018 to 9/30/2018. (2) Certificate income paid to the certificate holder from 7/1/2018 to 9/30/2018.

VAP Funding Master Note Trust

Additional information for Trusts 07/01/18 - 09/30/2018

	Mailing Address	700 W. Morse Blvd, Suite 220, Winter Park FL 32789
	Closing Date	11/30/2012
TABLE-3	Name (first, middle, last, malden, aliases) (Certificate Holder)	Bluestone Capital Markets, LLC