

Electronic Filing Depository
State Sales Data Information

EFDID: 481503

Accession: 0002033548-25-000010

As of Sunday, April 5, 2026

Issuer's Identity

CIK (Filer Id Number)

0001963210

Name of Issuer

WM Alternatives Hudson Bay Onshore Feeder Fund L.P.

Jurisdiction of Incorporation/Organization

DELAWARE

Address of Issuer

C/O COMPLIANCE DEPARTMENT
60 EAST 42ND STREET, 28TH FLOOR
NEW YORK NEW YORK, 10165

Sales Data

State AZ	Notice Date 8/15/2025	File Number 481503-1573073	
Expires Never	Notice Type New		
Offering Amount	Date of Sale 8/1/2025	Total # of Investors	Amount Sold

Filer, on behalf of the issuer, understands and agrees that it is submitting a Form D for Regulation D, Rule 506 offerings to one or more States in compliance with state and federal regulatory requirements. Filer, on behalf of the issuer, understands and agrees that by submitting this Form D in the selected States the issuer is obligated to comply with each of the selected States' requirements governing consent to service of process and jurisdiction. Filer, on behalf of the issuer, understands and agrees that for purposes of complying with the selected States' laws, relating to either the registration or sale of securities, Filer, on behalf of the issuer, hereby irrevocably appoints the officers of the States in which the Form D was filed and their successors in such offices, its attorney in those States upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States; and the Filer, on behalf of the issuer, hereby consents that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States in which the Form D was filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

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