Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8748561

ITEM 1 - REPORT TYPE										
☐ New report										
✓ Amended report If ame	ended, provide filing date	of report that is being amo	ended 2019 03 15 (YYYY-MM-DD)							
ITEM 2 - PARTY CERTIFYING 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										
☐ Investment fund issuer	Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. Investment fund issuer									
✓ Issuer (other than an inve	stment fund)									
Underwriter	J. 1.									
ITEM 3 - ISSUER NAME AND O	THER IDENTIFIERS									
Provide the following information about	the issuer, or if the issuer is an in	vestment fund, about the fund.								
Full legal name	InvestX Series 19-01 L	imited Partnership								
Previous full legal name	9									
If the issuer's name changed in t	ne last 12 months, provide most	recent previous legal name.								
Website	;	(if applicab	le)							
If the issuer has a legal entity identifier, p	rovide below. Refer to Part B of t	the Instructions for the definition	of "legal entity identifier".							
Legal entity identifier										
If two or more issuers distributed a single	security, provide the full legal n	ame(s) of the co-issuer(s) other th	nan the issuer named above.							
Full legal name(s) of co-issuer(s)	(if applicabl	le)							
ITEM 4 - UNDERWRITER INFOR	MATION									
If an underwriter is completing the report	, provide the underwriter's full le	gal name and firm NRD number	:							
Full legal name										
Firm NRD number		(if applicable)								
If the underwriter does not have a firm N	RD number, provide the head of	fice contact information of the un	nderwriter.							
Street address	Street address									
Municipality		Province/State								
Country		Postal code/Zip code								
Telephone number		Website	(if applicable)							

If 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 printingly business activity. Provide the issuer's printingly business activity. NAICS industry Code 5	ITEM 5 - ISSUER INFORMATION								
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.								
Corresponds to the issuer's primary business activity. 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	a) Primary industry								
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 thest describes the issuer's stage of operations. Exploration Development Production									
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	NAICS industry code 5 2 3 9 9 0								
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									
Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets	Exploration Development Production								
Cryptoassets b) Number of employees: Number of employees: O - 49	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.								
b) Number of employees:	☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies								
Number of employees:	☐ Cryptoassets								
C) SEDAR profile number Does the issuer have a SEDAR profile?	b) Number of employees								
Does the issuer have a SEDAR profile? No	Number of employees: ✓ 0 - 49								
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address	c) SEDAR profile number								
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address	Does the issuer have a SEDAR profile?								
Street address Street address Municipality Vancouver Country Canada Postal code/Zip code V6E 4E6 Telephone number 7783831028 e) Date of formation and financial year-end Date of formation 2019 02 06 YYYY MM DD Financial year-end 12 31 MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? Very No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT	✓ No ☐ Yes If yes, provide SEDAR profile number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐								
Street address	If the issuer does not have SEDAR profile complete item 5(d) - (h).								
Municipality Vancouver Postal code/Zip code V6E 4E6 Country Canada Telephone number 7783831028 e) Date of formation and financial year-end Date of formation 2019 02 06 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? V No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT g) Public listing status	d) Head office address								
Country Canada Telephone number 7783831028 e) Date of formation and financial year-end Date of formation 2019 02 06 Financial year-end 12 31 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. All AB BC MB NB NB NL NT NS NU ON PE QC SK YT	Street address 1185, W.Georgia St, Suite 1625 Province/State British Columbia								
e) Date of formation and financial year-end Date of formation 2019 02 06 Financial year-end 12 31 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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	Municipality Vancouver Postal code/Zip code V6E 4E6								
Date of formation 2019 02 06 Financial year-end 12 31 YYYYY MM DD MM DD MM DD MM DD	Country Canada Telephone number 7783831028								
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT	e) Date of formation and financial year-end								
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. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status									
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT g) Public listing status	f) Reporting issuer status								
AII	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes								
NS NU ON PE QC SK YT g) Public listing status	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.								
g) Public listing status	AII AB BC MB NB NL NT								
	NS NU ON PE QC SK YT								
If the issuer has a CUSIP number, provide below (first 6 digits only)	g) Public listing status								
	If the issuer has a CUSIP number, provide below (first 6 digits only)								
CUSIP number	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	h) Size of issuer's assets								
11) 0126 01 133061 3 033613									

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	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION								
If the issuer is an investment fund, provide the following information.								
a) Investment fund manager information								
Full legal name								
Firm NRD number	(if applicable)							
If the investment fund mand	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 tha	nt most accurately identifies the issuer (select only one) .							
Money market	☐ Equity ☐ Fixed income ☐ Balanced							
Alternative strateg	gies 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 Fund¹								
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.							
c) Date of formation a	and financial year-end of the investment fund							
Date of forma	tion Financial year-end 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.							
☐ AII ☐	AB BC MB NB NL NT							
□ NS □	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 not a trading facility such as, for example, an automated trading system.							
Exchange on an exchange and h								
-	AV) of the investment fund							
	investment fund as of the date of the most recent NAV calculation (Canadian \$).							
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M							
\$100M to under \$500	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 Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ US dollar Canadian dollar Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2019 03 05 2019 03 05 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

			Canadian \$				
Security code	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price Highest price		Total amount	
L P U		Units of a BC Limited Partnership	3,932,500.00	1.0000		5,247,921.00	

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable security code		Underlying security code		9	Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
				Lowest	Highest						

f) Summary of the distribution by jurisdiction and exemption

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 ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	9	914,132.50
Alberta	NI 45-106 2.3 [Accredited investor]	21	950,831.25
Manitoba	NI 45-106 2.3 [Accredited investor]	4	133,450.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	133,450.00
Ontario	NI 45-106 2.3 [Accredited investor]	41	1,761,540.00
Québec	NI 45-106 2.3 [Accredited investor]	12	867,425.00
United States	NI 45-106 2.3 [Accredited investor]	5	326,952.50
Spain	NI 45-106 2.3 [Accredited investor]	1	33,362.50
Netherlands	NI 45-106 2.3 [Accredited investor]	1	26,690.00

Barbados	NI 45-106 2.3 [Accredited investor]	1	100,087.50				
	Total dollar amount of securities distributed						
	Total number of unique purchasers ^{2b}	96					

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one 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. 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)			

^{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.

EM 8 - COMPENSATION INFORMATION								
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.								
Indicate whether any compensatio	n was paid, or will be p	paid, in connecti	on with the distributior	1.				
No ✓ Yes	If yes, indicate nu	ımber of perso	ons compensated.	6				
a) Name of person compens	ated and registration	n status						
Indicate whether the person comper	nsated is a registrant.		☐ No ▼	✓ Yes				
If the person compensated is an ind	ividual, provide the na	me of the indivi	lual.					
Full legal name of individua	al							
	Family	name	First giver	n name	Secondary given names			
If the person compensated is not an	individual, provide the	e following infor	mation.					
Full legal name of r	on-individual Can	accord Genuit	y Corp.					
Firm	NRD number 9	0 0		(if ap	plicable)			
Indicate whether the person comper	 nsated facilitated the d	listribution throu	gh a funding portal or	an internet-based	portal.			
b) Business contact informat			<u> </u>		<u> </u>			
If a firm NRD number is not provide	rd in Item 8 (a), provide	e the business co	ntact information of th	ne person being co	mpensated.			
Street address								
Municipality				Province/State				
			Posts					
Country				ıl code/Zip code				
Email address			Tele	ephone number				
c) Relationship to issuer or in	nvestment fund mar	nager						
Indicate the person's relationship wi the Instructions and the meaning of					eaning of "connected" in Part B(2) of			
Connect with the issuer o					ther than an investment fund)			
Director or officer of the in	vestment fund or inve	estment fund ma	ınager	loyee of the issue	r or investment fund manager			
✓ None of the above								
d) Compensation details								
	nissions, securities-bas s clerical, printing, lega	sed compensatio al or accounting	n, gifts, discounts or otl services. An issuer is no	her compensation. ot required to ask ¡	istribution. Provide all amounts in Do not report payments for services for details about, or report on, internal			
Cash commissions paid	40,532.00			Security code 1	Security code 2 Security code 3			
Value of all securities			Security codes					
distributed as compensation ⁴	s of warrants, options	or other rights						
Г	s or warrants, options	7						
Other compensation ⁵		Describe						
Total compensation paid	40,532.00							
Check box if the person	will or may receive a	ny deferred com	pensation (describe th	ne terms below)				
⁴ Provide the aggregate value of all	securities distributed	as compensation	n. excludina ontions i	warrants or other	riahts exercisable to acquire			

not include deferred compensation

a) Name of person compe	nsated and regis	stration status										
Indicate whether the person com	pensated is a regist	trant.	I	No		\checkmark	Yes					
If the person compensated is an i	ndividual, provide	the name of the	individ	ual.								
Full legal name of individ	dual											
		Family name			First	given n	ame		Se	condary	given name	es
If the person compensated is not	an individual, prov	ide the following	g inforn	nation.								
Full legal name o	Full legal name of non-individual InvestX Financial (Canada) Ltd.											
Firm NRD number 5 1 5 8 0 (if applicable)												
Indicate whether the person com	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.											
b) Business contact information												
If a firm NRD number is not prov	ided in Item 8 (a), ¡	provide the busi	ness coi	ntact infor	mation	of the	person l	being co	mpensatea	1.		
Street address												
Municipality						Р	rovince	e/State				
Country					Р	ostal c	code/Zi	p code				
Email address						Telep	hone n	umber				
c) Relationship to issuer o	r investment fun	d manager										
Indicate the person's relationship the Instructions and the meaning										connecte	ed" in Par	t B(2) of
Connect with the issue			,	, ,		-	-		ther than a	an invest	ment fun	d)
Director or officer of the	e investment fund (or investment fu	ınd mar	nager		Employ	ee of th	ne issuei	r or investr	ment fun	id manag	er
None of the above												
d) Compensation details												
Provide details of all compensatio	n paid, or to be pa	id, to the person	identifi	ed in Item	8(a) in	conne	ction wi	th the di	istribution.	Provide	all amou	nts in
Canadian dollars. Include cash co incidental to the distribution, such												
allocation arrangements with the									or actuals t	<i>100at, 01</i>	report or	i, arterrat
Cash commissions paid	38,5	20.00					Security	code 1	Security	code 2	Security	code 3
Value of all securities			S	ecurity co	des							
distributed as compensation	rms of warrants, or	ations or other r	Г				•	•				
			_ [
Other compensation ⁵			cribe									
Total compensation paid	,	20.00										
Check box if the pers	son will or may rec	eive any deferre	ed comp	pensation	(descri	ibe the	terms b	elow)				
⁴ Provide the aggregate value of additional securities of the issue												
rights exercisable to acquire add 5Do not include deferred competents	ditional securities d		occur	nico distri	Juicu e	20 00111	CONSCIN	, <u>ii iciu</u>	opilo.	.io, wall	arno or ot	
	-											

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.	☐ No	✓ Yes					
If the person compensated is an individual, provide the name of the	ndividual.						
Full legal name of individual							
Family name	First g	given name	Secondary o	given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Enlightened Private Capital Inc.							
Firm NRD number 2 8	6 8 0	(if ap	plicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. □ No ✓ Yes							
b) Business contact information							
If a firm NRD number is not provided in Item 8 (a), provide the busin	ess contact information c	of the person being co	mpensated.				
Street address							
Municipality		Province/State	,				
Country	Po	stal code/Zip code					
Email address	7	Telephone number					
c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the issuer or investment fund				ed" in Part B(2) of			
the Instructions and the meaning of "control" in section 1.4 of NI 45-	· · · · · <u></u>			mont fund)			
Connect with the issuer or investment fund manager	_	sider of the issuer (o					
Director or officer of the investment fund or investment fun	nd manager E	mployee of the issue	r or investment fun	d manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be paid, to the person							
Canadian dollars. Include cash commissions, securities-based comper incidental to the distribution, such as clerical, printing, legal or accou							
allocation arrangements with the directors, officers or employees of a							
Cash commissions paid 66,058.00		Security code 1	Security code 2	Security code 3			
Value of all securities	Security codes						
distributed as compensation ⁴							
Describe terms of warrants, options or other ri							
Other compensation ⁵ Desc	ribe						
Total compensation paid 66,058.00							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compe	nsation, excludina option	ns, warrants or other	rights exercisable t	o acquire			
additional securities of the issuer. Indicate the security codes for a rights exercisable to acquire additional securities of the issuer.							
⁵ Do not include deferred compensation.							

a) Name of person compensated and registration s	tatus							
Indicate whether the person compensated is a registrant.		No 🗸	Yes					
If the person compensated is an individual, provide the name	of the individual.							
Full legal name of individual								
Family nar	ne	First giver	name	Secondary (given names			
If the person compensated is not an individual, provide the fo	If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Haywood Securities Inc.								
Firm NRD number 1 6 3 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves								
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide th	e business contact	information of th	e person being c	ompensated.				
Street address								
Municipality			Province/State	9				
Country		Posta	code/Zip code	9				
Email address		Tele	phone numbe	r				
c) Relationship to issuer or investment fund manag	jer							
Indicate the person's relationship with the issuer or investmenthe Instructions and the meaning of "control" in section 1.4 of					ed" in Part B(2) of			
Connect with the issuer or investment fund manage		· · <u> </u>	•	other than an invest	tment fund)			
☐ Director or officer of the investment fund or investment		<u> </u>		er or investment fun				
<u> </u>	ient fund manage		Dyee of the issue	er or investment fun	iu managei			
✓ None of the above								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to the p Canadian dollars. Include cash commissions, securities-based								
incidental to the distribution, such as clerical, printing, legal or	accounting service	es. An issuer is no	t required to ask					
allocation arrangements with the directors, officers or employed	ees of a non-indivi	dual compensated	d by the issuer.					
Cash commissions paid 1,501.00			Security code 1	Security code 2	Security code 3			
Value of all securities distributed as compensation ⁴	Secur	ity codes						
Describe terms of warrants, options or o	other rights							
Other compensation ⁵	Describe							
Check box if the person will or may receive any deferred compensation (describe the terms below)								
⁴ Provide the aggregate value of all securities distributed as								
additional securities of the issuer. Indicate the security code rights exercisable to acquire additional securities of the issu		uisii iduted as coi	mpensation, <u>inci</u>	uuin <u>y</u> options, warr	ants ur other			
⁵ Do not include deferred compensation.								

a) Name of person compensated and registration s	status					
Indicate whether the person compensated is a registrant.		No	✓ Yes			
If the person compensated is an individual, provide the name	of the individual	•				
Full legal name of individual						
Family nar	me	First	given name		Secondary	given names
If the person compensated is not an individual, provide the fo	llowing informati	ion.				
Full legal name of non-individual Leede Jones Gable Inc.						
Firm NRD number 5	7 7	0		(if app	plicable)	
Indicate whether the person compensated facilitated the distr	ibution through o	a funding porta	l or an inter	 net-based	portal.	No ✓ Yes
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a), provide th	ne business conta	ct information o	of the persor	n being co	mpensated.	
Street address						
Municipality			Provin	ce/State		
Country		Po	stal code/	Zip code		
Email address			Telephone	number		
c) Relationship to issuer or investment fund manage	ger					
Indicate the person's relationship with the issuer or investmenthe Instructions and the meaning of "control" in section 1.4 o						ed" in Part B(2) of
Connect with the issuer or investment fund manage		· · ·			 ther than an invest	tment fund)
Director or officer of the investment fund or investr		_			r or investment fun	
_	nent fund manay	lei	inployee or	ille issuei	i or investment fun	iu managei
✓ None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the Canadian dollars. Include cash commissions, securities-based						
incidental to the distribution, such as clerical, printing, legal o	r accounting serv	ices. An issuer i	is not requir	ed to ask f		
allocation arrangements with the directors, officers or employ	ees of a non-indi	vidual compens	sated by the	issuer.		
Cash commissions paid 5,605.00			Secur	ity code 1	Security code 2	Security code 3
Value of all securities distributed as compensation ⁴	Secu	urity codes				
Describe terms of warrants, options or	other rights					
Other compensation ⁵	Describe					
Check box if the person will or may receive any deferred compensation (describe the terms below)						
⁴ Provide the aggregate value of all securities distributed as additional securities of the issuer. Indicate the security code						
rights exercisable to acquire additional securities of the issu		ะอ นเอนามนเ เ น สิเ	ə cumpensa	111011, <u>111010</u>	<u>ыніц</u> орион s , warr	anis VI VIIIEI
⁵ Do not include deferred compensation.						

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant.	☐ No ✓	Yes					
If the person compensated is an individual, provide the name of the inc	lividual.						
Full legal name of individual							
Family name	First given	name	Secondary of	jiven names			
If the person compensated is not an individual, provide the following in	formation.						
Full legal name of non-individual Ullman Wealth Management Inc.							
Firm NRD number 5 7 7 2 0 (if applicable)							
Indicate whether the person compensated facilitated the distribution th	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. □ No ✓ Yes						
b) Business contact information							
If a firm NRD number is not provided in Item 8 (a), provide the busines	s contact information of the	person being con	npensated.				
Street address							
Municipality	F	Province/State					
Country	Postal	code/Zip code					
Email address	Telep	hone number					
c) Relationship to issuer or investment fund manager							
Indicate the person's relationship with the issuer or investment fund m				ed" in Part B(2) of			
the Instructions and the meaning of "control" in section 1.4 of NI 45-10	· · · · <u>—</u>	•		mont fund)			
Connect with the issuer or investment fund manager	_		her than an invest				
Director or officer of the investment fund or investment fund	manager Emplo	ee of the issuer	or investment fun	d manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be paid, to the person id							
Canadian dollars. Include cash commissions, securities-based compensincidental to the distribution, such as clerical, printing, legal or account							
allocation arrangements with the directors, officers or employees of a n							
Cash commissions paid 23,420.00		Security code 1	Security code 2	Security code 3			
Value of all securities	Security codes						
distributed as compensation ⁴							
Describe terms of warrants, options or other righ							
Other compensation ⁵ Describ	pe						
Total compensation paid 23,420.00							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compens	ation, <u>excludi</u> ng options. wa	arrants or other ri	ights exercisable t	o acquire			
additional securities of the issuer. Indicate the security codes for all s rights exercisable to acquire additional securities of the issuer.							
⁵ Do not include deferred compensation.							

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
If the issuer is an investment fund, do not complete 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 juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	a reporting issuer in	n any jurisdiction of	Canada ⁶					
Provide nan	ne of reporting issue	r						
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_
Provide name of	foreign public issue	r						7
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	ents only ⁷				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An 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. ⁷ Check 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 b	oox and complete l	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 First								
	New	Marcus		Province or British Columb	,	D ✓	0	Р
b) Promoter information	INEW	Iviaicus		Billish Columb	ia 			
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.								
Organization or company name Family name First given name Residential Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)								
				Province or country	D		C)
c) Residential address of eac	h individual							
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the								

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

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	InvestX Series 19-01 Limited Partnership					
Full legal name	Ahn	Chris				
	Family name	First given name	Secondary given names			
Title	Legal Dept/Compliance					
Telephone number	7783831028	Email address	chris.ahn@investx.com			
Signature	Chris Ahn	Date	2019 03 18			
			YYYY MM DD			

ITEM 11- CONTACT F	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 individua	al certifying the report					
Full legal name				Title		
	Family name	First given name	Secondary given names			
Name of company						
Telephone number		En	nail address			

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.