# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8443454

ITEM 1 - REPORT TYPE										
☐ New report										
Amended report If amended, provide filing date of report that is being amended 2019 03 22 (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 Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.										
Investment fund issuer										
✓ Issuer (other than an investment fund)										
Underwriter	inont fana)									
ITEM 3 - ISSUER NAME AND OTH	HER IDENTIFIERS									
Provide the following information about the										
Full legal name	Western Wealth Capita	al XXXII Limited Partnersh	iip							
Previous full legal name										
If the issuer's name changed in the	last 12 months, provide most	recent previous legal name.								
Website		(if applicab	le)							
If the issuer has a legal entity identifier₋ pro	vide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".							
Legal entity identifier										
If two or more issuers distributed a single se	ecurity, provide the full legal no	ame(s) of the co-issuer(s) other th	nan the issuer named above.							
Full legal name(s) of co-issuer(s)		(if applicab	e)							
ITEM 4 - UNDERWRITER INFORM	ATION									
If an underwriter is completing the report, p	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 NRL	O number, provide the head off	ice contact information of the ur	derwriter.							
Street address										
Municipality		Province/State								
Country		Postal code/Zip code								
Telephone number		Website	(if applic	able)						

ITEM 5 - ISSUER INFORMATION
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 3 1 3 9 0
If the issuer is in the <b>mining industry</b> , 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
☐ Cryptoassets
b) Number of employees
Number of employees:
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No  ✓ Yes If yes, provide SEDAR profile number 0 0 0 4 4 7 0 0
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end 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	☐ \$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 ma	anager 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									
<sup>1</sup> 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 2018 03 07 2018 03 17 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.

## d) 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			Number of securities	Single or lowest price	Highest price	Total amount	
UNT			1,595,000.00	1.3032		2,078,604.00	

#### 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		•	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 <sup>2</sup> purchasers	Total amount (Canadian \$)				
Alberta	NI 45-106 2.3 [Accredited investor]	2	97,740.00				
Ontario	NI 45-106 2.3 [Accredited investor]	1	130,320.00				
British Columbia	NI 45-106 2.3 [Accredited investor]	19	1,850,544.00				
	Total dollar amount of securities distribute						
	Total number of unique purchasers <sup>2</sup> b	22					

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>&</sup>lt;sup>2b</sup> 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. 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	

<sup>&</sup>lt;sup>3</sup>"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)

TEM 8 - COMPENSATIO	N INFORMATIC	N								
Provide information for each pe the distribution. <b>Complete add</b>			•	•	•	in connection with				
Indicate whether any compens	sation was paid, or w	ill be paid, in connec	tion with the distribution	n.						
No ✓ Yes	If yes, indica	ite number of pers	ons compensated.	10						
a) Name of person comp	ensated and regis	tration status								
Indicate whether the person cor	mpensated is a regist	rant.	☐ No	✓ Yes						
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
		Family name	First give	en name	Secondary (	given names				
If the person compensated is no	ot an individual, prov	ide the following info	rmation.							
Full legal name	of non-individual	Ascenta Finance	Corp.							
Fi	irm NRD number	2 3 8	0 0	(if appli	cable)					
Indicate whether the person cor		the distribution thro	ugh a funding portal or	r an internet-based p	ortal. 🗸	No Yes				
b) Business contact infor										
If a firm NRD number is not pro			ontact information of ti	he person being com	pensated.					
Street address	900-580 Hornby S	Street								
Municipality	Vancouver			Province/State	British Colum	bia				
Country	Canada		Posta	al code/Zip code	V6C 3B6					
Email address	tracy@ascentafina	ance.com	Tel	lephone number	6046376373					
c) Relationship to issuer	or investment fund	d manager								
Indicate the person's relationship the Instructions and the meaning					ning of "connecte	ed" in Part B(2) of				
Connect with the issu	er or investment fun	d manager	Insid	der of the issuer (oth	er than an invest	ment fund)				
Director or officer of the	he investment fund o	or investment fund m	anager	oloyee of the issuer of	or investment fun	d manager				
None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	commissions, securitions chas clerical, printing	es-based compensati g, legal or accounting	on, gifts, discounts or ot g services. An issuer is n	ther compensation. D ot required to ask for	o not report payı	ments for services				
Cash commissions pa	6,5	16.00		Security code 1	Security code 2	Security code 3				
Value of all securitie distributed as compensatio	-		Security codes							
Describe to	erms of warrants, or	otions or other rights								
Other compensation	n <sup>5</sup>	Describe								
Total compensation pa	id 6,5°	16.00								
Check box if the pe	rson will or may rece	eive any deferred co	mpensation (describe t	he terms below)						
<sup>4</sup> Provide the aggregate value of	of all securities distri	buted as compensati	ion, <u>excluding</u> options.	warrants or other rig	hts exercisable t	o acquire				
additional securities of the issurights exercisable to acquire ac	ıer. Indicate the secເ	irity codes for all sec	curities distributed as co	ompensation, <u>includi</u>	<u>ing</u> options, warr	ants or other				

<sup>&</sup>lt;sup>5</sup>Do not include deferred compensation.

a) Name of person comp	ensated and regis	stration status									
Indicate whether the person cor	mpensated is a regist	rant.	☐ No	$\checkmark$	Yes						
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indiv	vidual										
		Family name	Fi	rst given n	name		Secondary	given names			
If the person compensated is not an individual, provide the following information.											
Full legal name	Full legal name of non-individual Beanstalk Management Inc.										
Firm NRD number (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes											
b) Business contact infor	rmation										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business co	ontact informatio	on of the	person b	eing con	npensated.				
Street address	1418 Haywood A	venue									
Municipality	West Vancouver			F	Province	e/State	British Colur	nbia			
Country	Canada			Postal o	code/Zi	p code	V7T 1V6				
Email address	fesmail@shaw.ca			Telep	hone n	umber	6048057861				
c) Relationship to issuer	or investment fun	d manager									
Indicate the person's relationsh the Instructions and the meanin							ning of "connec	ted" in Part B(2) of			
Connect with the issu	•			•	-		ner than an inves	stment fund)			
Director or officer of t	he investment fund	or investment fund ma	anager $\square$	Employ	ee of th	e issuer	or investment fu	nd manager			
				, ,							
d) Compensation details			10 11 12 01								
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the	commissions, securiti ch as clerical, printin	es-based compensatic g, legal or accounting	n, gifts, discount services. An issu	s or othe er is not	r compe required	nsation. I to ask fo	Do not report pay	ments for services			
Cash commissions pa	aid 1,6	29.00			Security	code 1	Security code 2	Security code 3			
Value of all securities	es		D		Security	code i	Security code 2	Security code 3			
distributed as compensation			Security codes	L							
Describe t	terms of warrants, op	otions or other rights									
Other compensatio	n <sup>5</sup>	Describe									
Total compensation pa	1,6	29.00									
Check box if the pe	erson will or may rec	eive any deferred con	npensation (des	cribe the	terms b	elow)					
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and <sup>5</sup> Do not include deferred comp	uer. Indicate the sec dditional securities o	urity codes for all sect									

a) Name of person comper	nsated and regis	stration 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 Schapira Eric												
Family name First given name Secondary given names												ames
If the person compensated is not an individual, provide the following information.												
Full legal name of	non-individual											
Firm	n NRD number							(if app	licable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes												
b) Business contact information	ation											
If a firm NRD number is not provid	ded in Item 8 (a), բ	provide the busin	ess coi	ntact info	ormation	n of the	person	being con	npensated.			
Street address 23	317 Oak Street											
Municipality Va	ancouver					I	Provinc	e/State	British C	olum	bia	
Country	anada				F	Postal	code/Z	ip code	V6H 2J8	3		
Email address eri	ic@klondikeocn	tracting.com				Tele	ohone	number	6047248	3220		
c) Relationship to issuer or	investment fund	d manager										
Indicate the person's relationship									ning of "co	nnecte	d" in	Part B(2) of
the Instructions and the meaning			106 fo	r the pur	poses of	•	_					
Connect with the issuer	or investment fun	d manager			Ш	Inside	r of the	ssuer (oth	ner than an	invest	ment	fund)
Director or officer of the	investment fund o	or investment fur	nd mai	nager		Emplo	yee of t	he issuer	or investme	nt fun	d mar	nager
None of the above												
d) Compensation details												
Provide details of all compensation	•	•	-									
Canadian dollars. Include cash con incidental to the distribution, such												
allocation arrangements with the o											,	
Cash commissions paid	3,2	58.00					Securit	y code 1	Security co	de 2	Secu	urity code 3
Value of all securities			S	ecurity c	odes							
distributed as compensation <sup>4</sup>				-								
Describe terr	ms of warrants, op											
Other compensation <sup>5</sup>		Desc	ribe									
Total compensation paid	3,25	58.00										
Check box if the person	on will or may rece	eive any deferre	d com	pensatio	n (desc	ribe the	eterms	below)				
<sup>4</sup> Provide the aggregate value of a	all securities distri	buted as comne	nsatio	n. exclud	lina opti	ions. w	arrants	or other ri	ahts exercis	sable t	o aca	uire
additional securities of the issuer rights exercisable to acquire addi	. Indicate the secu	urity codes for al										
<sup>5</sup> Do not include deferred compen												

a) Name of person compensated	d and registration status						
Indicate whether the person compensate	rd is a registrant.	☐ No	✓ Yes				
If the person compensated is an individu	al, provide the name of the ind	ividual.					
Full legal name of individual	Schwark	Gordon					
	Family name	First giv	en name	Secondary given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of non-i	ndividual						
Firm NRD	) number		(if appl	icable)			
Indicate whether the person compensate	d facilitated the distribution th	rough a funding portal o	or an internet-based p	ortal.  Ves			
b) Business contact information							
If a firm NRD number is not provided in	Item 8 (a), provide the busines:	contact information of	the person being com	pensated.			
Street address 5841 Bu	uchanan Street						
Municipality Burnaby	/		Province/State	British Columbia			
Country		Post	tal code/Zip code	V5B 2R9			
Email address gord@p	propertyvest.ca	Te	elephone number	6049929694			
c) Relationship to issuer or inves	stment fund manager						
Indicate the person's relationship with th				ning of "connected" in Part B(2) of			
the Instructions and the meaning of "cor	ntrol" in section 1.4 of NI 45-10	6 for the purposes of cor	mpleting this section.				
Connect with the issuer or inve	estment fund manager	Insi	ider of the issuer (oth	er than an investment fund)			
Director or officer of the invest	ment fund or investment fund	manager Em	ployee of the issuer	or investment fund manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid,	•						
Canadian dollars. Include cash commission incidental to the distribution, such as cler							
allocation arrangements with the director							
Cash commissions paid	6,516.00		Security code 1	Security code 2 Security code 3			
Value of all securities		Security codes					
distributed as compensation <sup>4</sup>		-					
Describe terms of v	varrants, options or other right	s					
Other compensation <sup>5</sup>	Describ	е					
Total compensation paid	6,516.00						
Check box if the person will	or may receive any deferred of	ompensation (describe	the terms below)				
<sup>4</sup> Provide the aggregate value of all sect	urities distributed as compens	ation, <u>exc</u> ludina options.	, warrants or other rid	hts exercisable to acquire			
additional securities of the issuer. Indicarights exercisable to acquire additional	ate the security codes for all s						
<sup>5</sup> Do not include deferred compensation							

a) Name of person com	pensated and regi	stration status						
Indicate whether the person co	ompensated is a regis	trant.	☐ No	✓ \	⁄es			
If the person compensated is a	n individual, provide	the name of the individ	dual.					
Full legal name of indi	vidual							
		Family name	Firs	st given nan	ne	Secondary (	given names	
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual Greenwich Holdings Ltd.								
Firm NRD number (if applicable)								
Indicate whether the person co	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.							
b) Business contact info	rmation							
If a firm NRD number is not pr	rovided in Item 8 (a),	provide the business co	ontact information	n of the pe	erson being com	pensated.		
Street address	100 West 13th Av	/enue						
Municipality	Vancouver			Pro	ovince/State	British Colum	bia	
Country	Canada		F	Postal co	de/Zip code	V5Y 1V7		
Email address	ralph@reag.ca			Telepho	one number	6048339540		
c) Relationship to issue	or investment fun	d manager						
Indicate the person's relations						ning of "connecte	ed" in Part B(2) of	
the Instructions and the mean	•		or the purposes o		•			
Connect with the iss	uer or investment fur	nd manager	Ш	Insider of	the issuer (oth	er than an invest	ment fund)	
Director or officer of	the investment fund	or investment fund ma	anager	Employee	e of the issuer	or investment fun	d manager	
✓ None of the above								
d) Compensation details	5							
Provide details of all compensa								
Canadian dollars. Include cash incidental to the distribution, so								
allocation arrangements with t			individual compe	ensated by	the issuer.			
Cash commissions p	aid 17,5	93.20		Se	ecurity code 1	Security code 2	Security code 3	
Value of all securiti distributed as compensation			Security codes					
•		 ptions or other rights						
Other compensation		Describe						
•								
Total compensation paid 17,593.20  Check box if the person will or may receive any deferred compensation (describe the terms below)								
Check box if the p	erson will or may rec	elve any deferred com	npensation (desc	ribe the te	erms below)			
⁴Provide the aggregate value								
additional securities of the iss rights exercisable to acquire a	additional securities o		ırıtıes distributed	as compe	ensation, <u>includ</u>	<u>ııng</u> options, warr	ants or other	
<sup>5</sup> Do not include deferred com	pensation.							

a) Name of person compensated and reg	jistration status						
Indicate whether the person compensated is a reg	istrant.	☐ No	✓ Yes				
If the person compensated is an individual, provide	e the name of the individ	dual.					
Full legal name of individual							
	Family name	First	given name	Secondary given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Jurock Publishing Ltd.							
Firm NRD number (if applicable)							
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 provided in Item 8 (a)	, provide the business co	ntact information	of the person being con	pensated.			
Street address 204-970 Burrard	l Street						
Municipality Vancouver			Province/State	British Columbia			
Country		Po	ostal code/Zip code	V6Z 2R4			
Email address oz@jurock.com			Telephone number	6046831111			
c) Relationship to issuer or investment fu	nd manager						
Indicate the person's relationship with the issuer o				ning of "connected" in Part B(2) of			
the Instructions and the meaning of "control" in se		· · · <u>—</u>					
Connect with the issuer or investment for	und manager		nsider of the issuer (oth	er than an investment fund)			
Director or officer of the investment fund	d or investment fund ma	inager E	Employee of the issuer	or investment fund manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be p							
Canadian dollars. Include cash commissions, secur incidental to the distribution, such as clerical, print							
allocation arrangements with the directors, officers							
Cash commissions paid 17,	593.20		Security code 1	Security code 2 Security code 3			
Value of all securities		Security codes					
distributed as compensation <sup>4</sup> Describe terms of warrants,	antions or other rights						
Other compensation <sup>5</sup>	Describe						
Total compensation paid 17,	593.20						
Check box if the person will or may re	eceive any deferred com	pensation (descri	be the terms below)				
<sup>4</sup> Provide the aggregate value of all securities dis-	tributed as compensation	n, <u>excl</u> udina optio	ns, warrants or other ric	ghts exercisable to acquire			
additional securities of the issuer. Indicate the se rights exercisable to acquire additional securities	curity codes for all secu						
<sup>5</sup> Do not include deferred compensation.							

a) Name of person compensated	and registration status						
Indicate whether the person compensate	d is a registrant.	☐ No [	✓ Yes				
If the person compensated is an individue	al, provide the name of the indi	vidual.					
Full legal name of individual							
	Family name	First give	en name	Secondary given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Investment Revenue Realty Inc.							
Firm NRD number (if applicable)							
Indicate whether the person compensate	d facilitated the distribution thre	ough a funding portal o	or an internet-based p	ortal.  Ves			
b) Business contact information							
If a firm NRD number is not provided in	Item 8 (a), provide the business	contact information of t	the person being com	pensated.			
Street address 202-930	West 1st Street						
Municipality North Va	ancouver		Province/State	British Columbia			
Country Canada		Post	al code/Zip code	V7P 3N4			
Email address cynthia	②aasen.ca	Te	elephone number	6047645647			
c) Relationship to issuer or inves	tment fund manager						
Indicate the person's relationship with th				ning of "connected" in Part B(2) of			
the Instructions and the meaning of "con			. •				
Connect with the issuer or inve	estment fund manager	Insi	der of the issuer (oth	er than an investment fund)			
Director or officer of the investi	ment fund or investment fund r	nanager Emp	ployee of the issuer of	or investment fund manager			
None of the above							
d) Compensation details							
Provide details of all compensation paid,							
Canadian dollars. Include cash commission incidental to the distribution, such as cleri							
allocation arrangements with the director	rs, officers or employees of a no	n-individual compensat	ed by the issuer.				
Cash commissions paid	32,905.80		Security code 1	Security code 2 Security code 3			
Value of all securities		Security codes					
distributed as compensation <sup>4</sup>	varranta antiona ar athar rights						
Describe terms of v	varrants, options or other rights						
Other compensation <sup>5</sup>	Describe						
Total compensation paid	32,905.80						
Check box if the person will	or may receive any deferred co	mpensation (describe	the terms below)				
<sup>4</sup> Provide the aggregate value of all secu	urities distributed as compensa	tion, excludina options.	warrants or other rice	hts exercisable to acquire			
additional securities of the issuer. Indicarights exercisable to acquire additional securities.	ate the security codes for all se						
<sup>5</sup> Do not include deferred compensation.							

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person cor	mpensated is a regis	trant.	☐ No	$\checkmark$	Yes			
If the person compensated is ar	n individual, provide	the name of the indivi	dual.					
Full legal name of indiv	/idual Goffaux		Marc					
		Family name	Fir	rst given r	name		Secondary	given names
If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual							
F	irm NRD number					(if appli	icable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact infor	rmation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business co	ontact informatio	on of the	person b	eing com	pensated.	
Street address	144 4th Street W	est, 204						
Municipality	North Vancouver			F	Province	e/State	British Colum	ıbia
Country	Canada			Postal	code/Zip	o code	V7M 1H5	
Email address	marc.goffaux@m	e.com		Telep	hone n	umber	7787880443	
c) Relationship to issuer	or investment fun	d manager						
Indicate the person's relationsh							ning of "connecte	ed" in Part B(2) of
the Instructions and the meaning	•		or the purposes o	•	_			
Connect with the issu	ier or investment für	nd manager		Insider	of the is	suer (oth	er than an invest	ment fund)
Director or officer of t	he investment fund	or investment fund ma	anager	Employ	ee of th	e issuer o	or investment fun	d manager
✓ None of the above								
d) Compensation details								
Provide details of all compensat								
Canadian dollars. Include cash of incidental to the distribution, su								
allocation arrangements with th	ne directors, officers o	or employees of a non-	individual comp	ensated l	by the iss	suer.		
Cash commissions pa	aid 8,1	45.00			Security	code 1	Security code 2	Security code 3
Value of all securities			Security codes					
distributed as compensation		ptions or other rights						
		Describe						
Other compensatio								
Total compensation pa	aid 8,1	45.00						
Check box if the pe	erson will or may rec	eive any deferred con	npensation (desc	cribe the	terms b	elow)		
<sup>4</sup> Provide the aggregate value of	of all securities distri	ibuted as compensation	on, <u>excluding</u> op	tions, wa	arrants o	r other rid	nhts exercisable i	to acquire
additional securities of the issurights exercisable to acquire a			ırities distributed	d as com	pensatio	on, <u>includi</u>	ing options, warr	ants or other
<sup>5</sup> Do not include deferred comp								

a) Name of person comp	pensated and regis	stration status						
Indicate whether the person co	mpensated is a regist	trant.	☐ No	$\checkmark$	Yes			
If the person compensated is a	n individual, provide	the name of the indivi	dual.					
Full legal name of indi	vidual							
		Family name	Fir	st given na	ame		Secondary (	given names
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual Sailaway Holdings Ltd.								
Firm NRD number (if applicable)								
Indicate whether the person co	mpensated facilitated	d the distribution throu	ıgh a funding poi	rtal or an	internet-	-based p	ortal. 🗸	No Yes
b) Business contact info	rmation							
If a firm NRD number is not pr	ovided in Item 8 (a), <sub>l</sub>	provide the business co	ontact informatio	n of the p	person be	ing com	pensated.	
Street address	1860 Orchard Wa	ıy						
Municipality	West Vancouver			Р	rovince/	State	British Colum	bia
Country	Canada			Postal c	ode/Zip	code	V7V4G2	
Email address	alsie2_98@yahoo	o.com		Telepl	hone nu	mber	6049136751	
c) Relationship to issuer	or investment fun	d manager						
Indicate the person's relationsh							ning of "connecte	ed" in Part B(2) of
the Instructions and the meani	-		or the purposes o		-			
Connect with the issu	uer or investment fur	nd manager	Ш	Insider	of the iss	uer (oth	er than an invest	ment fund)
Director or officer of	the investment fund	or investment fund ma	anager	Employ	ee of the	issuer o	or investment fun	d manager
✓ None of the above								
d) Compensation details	3							
Provide details of all compensa								
Canadian dollars. Include cash incidental to the distribution, su								
allocation arrangements with the								
Cash commissions pa	aid 6,5	16.00			Security c	ode 1	Security code 2	Security code 3
Value of all securities			Security codes					
distributed as compensation		otions or other rights						
		Describe						
Other compensation								
Total compensation pa	6,5	16.00						
Check box if the pe	erson will or may rec	eive any deferred con	npensation (desc	cribe the	terms be	low)		
<sup>4</sup> Provide the aggregate value	of all securities distri	buted as compensation	on, <u>excluding</u> opt	tions, wai	rrants or	other rig	nhts exercisable t	o acquire
additional securities of the iss rights exercisable to acquire a			ırities distributed	as comp	pensation	n, <u>includi</u>	ing options, warr	ants or other
<sup>5</sup> Do not include deferred comp								

a) Name of person compensated and reg	istration status						
Indicate whether the person compensated is a regis	strant.	☐ No	✓ Yes				
If the person compensated is an individual, provide	the name of the individ	lual.					
Full legal name of individual Sharp		Tammy					
	Family name	First	given name	Secondary given names			
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual							
Firm NRD number			(if app	licable)			
Indicate whether the person compensated facilitate	ed the distribution throu	gh a funding port	al or an internet-based p	oortal.  Ves			
b) Business contact information							
If a firm NRD number is not provided in Item 8 (a),	provide the business co	ntact information	of the person being con	npensated.			
Street address 2061 Arroyo Crt							
Municipality North Vancouver	•		Province/State	British Columbia			
Country		Р	ostal code/Zip code	V7H 2A3			
Email address tammy@tammys	sharp.com		Telephone number	6043061968			
c) Relationship to issuer or investment ful	nd manager						
Indicate the person's relationship with the issuer or							
the Instructions and the meaning of "control" in se		· · · <u>—</u>					
Connect with the issuer or investment fu	nd manager	Ш'	insider of the issuer (oth	ner than an investment fund)			
Director or officer of the investment fund	or investment fund ma	nager   I	Employee of the issuer	or investment fund manager			
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be po							
Canadian dollars. Include cash commissions, securi incidental to the distribution, such as clerical, printi							
allocation arrangements with the directors, officers				·			
Cash commissions paid 3,3	258.00		Security code 1	Security code 2 Security code 3			
Value of all securities	5	Security codes					
distributed as compensation <sup>4</sup>							
Describe terms of warrants, o	options or other rights						
Other compensation <sup>5</sup>	Describe						
Total compensation paid 3,2	258.00						
Check box if the person will or may re-	ceive any deferred com	pensation (descri	ibe the terms below)				
<sup>4</sup> Provide the aggregate value of all securities dist.	ributed as compensation	n, <u>exclud</u> ing optic	ons, warrants or other ri	ghts exercisable to acquire			
additional securities of the issuer. Indicate the serights exercisable to acquire additional securities	curity codes for all secu						
<sup>5</sup> Do not include deferred compensation.							

EM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER								
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (selec	t the one that appli	es - if more than one	e applies, select only	y 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 <sup>6</sup>					
Provide nar	ne of reporting issue	er .						
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>						_
Provide name of	f foreign public issue	or						
Issuer distributing only eligi	ble foreign securities	and the distribution	n is to permitted cli	ents only <sup>7</sup>				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
securities that are required by law to respectively. <sup>7</sup> Check this box if it applies to the collection. Refer to the definitions of "e	<sup>7</sup> 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.							
a) Directors, executive officer	s and promoters of	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				Relationship to iss (select all that app	
				Province or	country	D	0	Р
WWC GP INC.				British Columbi	а			✓
b) Promoter information								
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	Secondary given names	Residential jurisdiction of individual			to promo	
				Province or country	D		C	)
WWC GP INC.	LePage	Janet		British Columbia	✓			
c) Residential address of each	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	Western Wealth Capital XXXII Limited Partnership							
Full legal name	LePage							
	Family name	First given name	Secondary given names					
Title	President of General Partner							
Telephone number	6042604789	Email address	compliance@westernwealthcapital.					
Signature	compliance@westernwealth capital.com	Date	2020 03 13 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.