Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8874417

ITEM 1 - REPORT TYPE									
✓ New report									
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)									
TEM 2 - PARTY CERTIFYING THE REPORT									
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti				estment fund, refer to sectio	n 1.1 of National				
☐ Investment fund issuer	naous Disclosure and the comp	amon policy to 141 or 100	•						
✓ Issuer (other than an investment of the sum of th	stment fund)								
Underwriter	······································								
ITEM 3 - ISSUER NAME AND OT	LIED IDENTIFIEDS								
Provide the following information about the		vastment fund, about the	fund						
Full legal name	·	·	јина.						
Previous full legal name	Antim Balancea Wortg								
-									
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal nam	e.						
Website	www.antriminvestment	s.com (if ap	oplicable	e)					
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he Instructions for the def	finition o	of "legal entity identifier".					
Legal entity identifier									
If two or more issuers distributed a single s	security, provide the full legal no	nme(s) of the co-issuer(s) o	other the	an the issuer named above.					
Full legal name(s) of co-issuer(s)		(if ap	plicable	e)					
ITEM 4 - UNDERWRITER INFORM	MATION								
If an underwriter is completing the report,		gal name and firm NPD r	numbar						
Full legal name	provide the underwriter's fall te	gat name ana ן מיזוו איזיין מיזור	iumber.						
If the underwriter does not have a firm NR	D number, provide the head off	ice contact information of	f the und	derwriter.					
Street address									
Municipality		Province/	Į						
Country		Postal code/Zip	code						
Telephone number		We	ebsite		(if applicable)				

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry	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.
AlcS industry code	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 best 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 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: 0 - 49 50 - 99 100 - 499 500 or more c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Province/State Date of formation and financial year-end MMM 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.	NAICS industry code 5 2 2 9 9
Is the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Date of formation and financial year-end Date of formation and financial year-end Date of formation The province/State	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages	
Cryptoassets b) Number of employees 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 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal year-end Pinancial 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.	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end 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.	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). Head office address Province/State Postal code/Zip code P	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD 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.	Does the issuer have a SEDAR profile?
Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal code/Zip code Telephone number 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.	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8
Street address Province/State 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.	
Municipality Country Telephone number Date of formation and financial year-end The phone number Date of formation Telephone number Financial year-end MMM DD The phone number Financial year-end MMM DD The phone number The	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD 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.	Street address Province/State
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.	Municipality Postal code/Zip code
Date of formation YYYY MM DD Financial year-end MM DD MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Country Telephone number
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.	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.	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	f) Reporting issuer status
	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
AII AB BC MB NB NL NT	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	NS NU ON PE QC SK YT
g) Public listing status	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	Exchange name
h) Size of issuer's assets	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 inves	tment 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	it most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strate	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						
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	nd financial year-end of the investment fund					
Date of forma	tion Financial year-end 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 T					
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					
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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						
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500	DM S500M to under \$1B S1B 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.

a)	Currency
a)	Cullelley

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ Canadian dollar US dollar □ Euro □ Other (describe)

b) 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.

 End date 2019 07 25

c) 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		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	1,156,326.00	1.0000		1,156,326.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	1,136,862.00	1.0000		1,136,862.00
Р	R	s		Class B Series 'C' Preferred Non- Voting Shares	486,099.00	1.0000		486,099.00

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.

Conv excha secur	ingea	able	Underlying security code		y v i (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 2.9(1) [Offering memorandum] (BC, NL)	18	992,735.00
British Columbia	NI 45-106 2.3 [Accredited investor]	10	1,681,552.00
Québec	NI 45-106 2.3 [Accredited investor]	1	105,000.00
	2,779,287.00		

- ^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.
- ^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. 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)

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 compensation was paid, or will be paid, in connection with the distribution.	TEM 8 - COMPENSATION INFORMATION								
□ No □ Yes If yes indicate number of persons compensated □ 4	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.								
in yes, indicate number of percents compensated.	No ✓ Yes If yes, indicate number of persons compensated. 4								

a) Name of person comp	ensated and regis	tration sta	tus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		\checkmark	Yes				
If the person compensated is an	individual, provide t	he name of	the individ	dual.							
Full legal name of indivi	idual										
		Family name			Firs	t given n	ame		Secondary	given name	s
If the person compensated is no	f the person compensated is not an individual, provide the following information.										
Full legal name	Full legal name of non-individual Industrielle Alliance Valeurs Mobiliers Inc.										
Fi	rm NRD number	1 5	5 4	0	0			(if app	licable)		
Indicate whether the person con	npensated facilitatea	the distribu	ition throu	ıgh a fundi	ng port	al or an	internet	t-based _l	portal.] No [✓ Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the b	ousiness co	ontact info	mation	of the	person be	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					Р	ostal c	ode/Zip	code			
Email address						Telep	hone n	umber			
c) Relationship to issuer	or investment fund	d manager	,	J							
Indicate the person's relationshi the Instructions and the meanin				-					-	ed" in Part	B(2) of
Connect with the issue	er or investment fun	d manager				Insider	of the iss	suer (oth	ner than an inves	ment fund	d)
Director or officer of the	ne investment fund o	or investmer	nt fund ma	anager		Employ	ee of the	e issuer	or investment fur	d manage	er
None of the above											
d) Compensation details											
Provide details of all compensations and compensation and compensation and compensation and compensation and compensation are distribution, such allocation arrangements with the Cash commissions pa	ommissions, securitions of the commissions, securitions of the commissions of the commission of the commi	es-based cor g, legal or ac	mpensatio ccounting	n, gifts, dis services. A	counts n issuer	or othei is not i	compen equired	nsation. I to ask fo	Do not report pay	ments for	services
Cash commissions pa	iu ,	50.41					Security of	code 1	Security code 2	Security	code 3
Value of all securitie distributed as compensation	-		\$	Security co	des						
Describe te	erms of warrants, op	otions or oth	er rights								
Other compensation	1 ⁵		Describe								
Total compensation pa	id	30.41									
✓ Check box if the per											
Preferred Non-Vot	Industrielle Alliance Valeurs Mobiliers will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting										
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred compa	er. Indicate the secu Iditional securities o	irity codes f	or all secu								 her

a) Name of person compe	ensated and regis	tration	status									
Indicate whether the person com	pensated is a registi	rant.			☐ No		√	Yes				
If the person compensated is an	individual, provide t	he name	e of the i	individ	dual.							
Full legal name of individ	dual											
	i	Family na	ame			First	given n	ame		Secondary	given names	;
If the person compensated is not	an individual, provi	ide the fo	ollowing	infori	mation.							
Full legal name of	of non-individual	Fidelity	y Clear	ing C	anada UL	_C						
Fir	m NRD number	2	8	8	8	0			(if app	licable)		
Indicate whether the person com	pensated facilitated	the dist	ribution	throu	gh a fundii	ng porta	l or an	internet	:-based ¡	portal.	No ✓	Yes
b) Business contact inform	nation											
If a firm NRD number is not prov	vided in Item 8 (a), p	rovide ti	he busin	ess co	ntact infor	mation (of the p	person b	eing con	npensated.		
Street address												
Municipality							Р	rovince	/State			
Country						Po	ostal c	ode/Zip	code			
Email address							Telep	hone n	umber			
c) Relationship to issuer of	or investment fund	d mana	ger									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)												
Director or officer of the	e investment fund c	or invest	ment fu	nd ma	nager		mploy	ee of the	issuer	or investment fu	nd manage	r
✓ None of the above	o invocation rana c	71 1114000	mont rai	ia iiio	inager	Ш -	проу	00 01 1110	7 100001		ia manage	
d) Compensation details Provide details of all compensation	on naid or to he nai	d to the	nerson	identi	fied in Item	8(a) in	conne	ction wit	h the dis	stribution Provide	all amoun	ts in
Canadian dollars. Include cash co	ommissions, securitie	es-based	I compei	nsatio	n, gifts, disc	counts o	r other	comper	sation. I	Do not report pay	ments for s	ervices
incidental to the distribution, such allocation arrangements with the										or details about, o	r report on,	ınternal
Cash commissions paid		19.32	•			,		Security		Security code 2	Security of	odo 2
Value of all securities				_				Security	Lode 1	Security code 2	Security of	oue 3
distributed as compensation				5	Security co	des	L					
Describe te	rms of warrants, op	tions or	other ri	ghts								
Other compensation	5		Desc	ribe								
Total compensation paid	d Z	19.32										
✓ Check box if the pers												
Fidelity Clearing Ca Non-Voting Shares Non-Voting Shares	s, 1% on Class B	eceive a Series	an annı 'B' Pref	ual tra	ailer fee p d Non-Vot	aid mo ing Sha	nthly i	in the a and 0%	mount on Cla	of 1/2% on Cla ss B Series 'C'	ss A Prefe Preferred	erred
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities of	ırity cod	es for al									er

a) Name of person compe	nsated and regis	tration	status										
Indicate whether the person comp	pensated is a regist	rant.			☐ No		√	Yes					
If the person compensated is an i	ndividual, provide t	he name	e of the i	indivi	dual.								
Full legal name of individ	lual												
		Family na	ame			First	given r	iame		Secon	dary give	en names	
If the person compensated is not	an individual, prov	ide the fo	ollowing	infor	mation.								
Full legal name o	f non-individual	Raymo	ond Jar	nes l	Ltd.								
Firm	m NRD number	8	2	4	0				(if app	olicable)			
Indicate whether the person comp	pensated facilitated	the dist	ribution	throu	ıgh a fund	ing port	al or aı	interne	t-based	portal.		No 🔽] Yes
b) Business contact inform	nation												
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide ti	he busin	ess co	ontact info	rmation	of the	person b	eing cor	npensated.			
Street address													
Municipality							F	rovince	e/State				
Country						Р	ostal o	code/Zi _l	o code				
Email address							Telep	hone n	umber				
c) Relationship to issuer of	r investment fund	d mana	ger		•								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)													
Director or officer of the	e investment fund o	or invest	ment fui	nd ma	anager	_	Employ	ee of th	e issuer	or investmen	nt fund i	manager	
✓ None of the above													
d) Compensation details													
Provide details of all compensatio Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based g, legal c r employ	compei or accou	nsatio nting	n, gifts, di: services. A	scounts (In issuer	or othe	r compei required	nsation. to ask fo	Do not report	: рауте	ents for se	ervices
Cash commissions paid	1	98.70						Security	code 1	Security cod	le 2 S	Security co	de 3
Value of all securities distributed as compensation				9	Security co	odes							
Describe ter	rms of warrants, op	otions or	other ri	ghts									
Other compensation ⁵	i		Desc	ribe									
Total compensation paid	9	98.70											
✓ Check box if the pers	on will or may rece	eive any	deferre	d con	npensatior	n (descri	ibe the	terms b	elow)				
Raymond James Lt Voting Shares, 1% Voting Shares.	d. will receive ar on Class B Serie	annua es 'B' Pi	al trailer referred	fee d Nor	paid mor n-Voting	nthly in Shares	the ar	nount o	f 1/2% Class B	on Class A Series 'C' F	Prefer Preferre	red Non ed Non-	-
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the secu ditional securities o	ırity cod	les for al										er

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No		√ Y	es			
If the person compensated is ar	individual, provide	the name of the indiv	idual.						
Full legal name of indiv	ridual								
		Family name		First gi	iven nam	ie	Secondary (given names	_
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	PI Financial Corp							
F	irm NRD number	5 2 9	0			(if app	olicable)		
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a fund	ing portal	or an in	nternet-based	portal.	No ✓ Yes	;
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	ontact info	rmation o	f the pei	rson being co	mpensated.		
Street address									
Municipality					Pro	vince/State			
Country			Ī	Pos	stal cod	de/Zip code			
Email address				Т	Telepho	one number			
c) Relationship to issuer	or investment fur	nd manager							
the Instructions and the meanin	Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.								
<u> </u>	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)								
Director or officer of t	ne investment fund	or investment fund m	anager	∐ En	nployee	of the Issue	r or investment fun	d manager	
✓ None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash coincidental to the distribution, surallocation arrangements with the	commissions, securit ch as clerical, printing the directors, officers	ies-based compensating, legal or accounting or employees of a non	on, gifts, dis services. A	scounts or In issuer is	other co not req	ompensation. uired to ask f	Do not report pay	ments for services	ıl
Cash commissions pa		2.19			Se	curity code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensatio			Security co	odes					
Describe t	erms of warrants, o	ptions or other rights							
Other compensatio	n ⁵	Describe							
Total compensation pa	id	2.19							
✓ Check box if the pe	rson will or may red	ceive any deferred co	mpensatior	n (describe	e the ter	rms below)			
		nnual trailer fee pa Preferred Non-Votir							
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	<u>ing</u> option: ributed as	s, warra compei	nnts or other i nsation, <u>inclu</u>	rights exercisable i i <u>ding</u> options, warr	o acquire ants or other	

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fun	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 applie	es - if more than one	applies, select only	one).			
Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	f a reporting issuer ir	n any jurisdiction of	Canada ⁶					
Provide nar	me of reporting issue	r						
Wholly owned subsidiary of	f a foreign public issu	uer ⁶						
Provide name o	f foreign public issue	r						
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	nts 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. [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).								
a) Directors, executive officer	rs and promoters of	of the issuer						
Provide the following information for territory; otherwise state the country						tate the p	orovince	or
Organization or company name	Business location of non-individual or residentail surjection of surjection of select all that applications are residential surjection of select all that applications are residential surjections are residential surjections of select all that applications are residential surjections are residential surjections are residential surjections are residential surjections of select all that applications are residential surjections are residential surjections.							
				Province or country		D	0	Р
	Granleese	William		British Columbia	a	✓	✓	
	Granleese	William	R.	R. British Columbia ✓				
	Worsnup	Christopher	Gavin	British Columbia	a	✓		
b) Promoter information								
If the promoter listed above is not ar within Canada, state the province or								
			Secondary given	Residential jurisdiction of		itionship		

Residential address of each individual

Organization or company name

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.

names

First given name

Family name

individual

Province or

country

D

0

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	Antrim Balanced Mortgage Fund Ltd.								
Full legal name	Granleese	William		R.					
	Family name	First given name		Seconda	ary given names				
Title	Portfolio Manager								
Telephone number	6045302301	Email address	will@a	antriminvest	ments.com				
Signature	"William Granleese"	Date	201	9 07	26				
			YYY	Y 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.