# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8888020

ITEM 1 - REPORT TYPE						
✓ New report						
☐ Amended report If amended, provide filing date of report that is being amended ☐ ☐ (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING TH	E 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	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	If the issuer's name changed in the last 12 months, provide most recent previous legal name.					
Website	www.antriminvestment	s.com (if ap	oplicable	e)		
If the issuer has a legal entity identifier. pr	If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition 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	umbor			
Full legal name	provide the underwriter's fall te	gat name ana ן מיזוו איזיין מיזור	iumber.			
Firm NRD number (if applicable)						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address						
Municipality			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  Province/State Postal code/Zip code Country 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				
<sup>1</sup> Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective 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 on				
-	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.

_ 1	<b>O</b>	
a	) Currenc	CV

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.

Start date 2019 08 01

End date 2019 08 08

#### 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 \$			
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	lowest Highest price Total amo		
Р	R	S		Class A Preferred Non-Voting Shares	1,707,877.00	1.0000		1,707,877.00	
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	831,624.00	1.0000		831,624.00	
Р	R	S		Class B Series 'C" Preferred Non-Voting Shares	453,000.00	1.0000		453,000.00	

## 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.

exc	nvertib hange curity o	able	Underlying 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 \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	5	416,000.00
	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	18	2,361,501.00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	215,000.00	
	2,992,501.00		
	Total number of unique purchasers <sup>2b</sup>	27	

<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.

#### 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)
1.	Offering Memorandum	2018-10-05	Y	2018-10-10

<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.

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.  No Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION					
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
	No ✓ Yes If yes, indicate number of persons compensated. 3					

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 indivi	dual.							
Full legal name of indiv	idual										
		Family name			First	t given n	ame		Secondary	given name	S
If the person compensated is no	t an individual, provi	ide the follo	wing infor	mation.							
Full legal name	of non-individual	Industriel	le Alliand	e Valeurs	s Mobil	lieres I	nc.				
Fi	rm NRD number	1 !	5 4	0	0			(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No V Yes											
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the b	ousiness co	ontact info	rmation	of the	person b	eing con	npensated.		
Street address											
Municipality						P	rovince	/State			
Country					Р	ostal o	code/Zip	code			
Email address						Telep	hone n	umber			
c) Relationship to issuer	or investment fund	d manager		1							
Indicate the person's relationshi the Instructions and the meanin	ng of "control" in sect	ion 1.4 of N		-	oses of	comple	eting this	section.	-		
Connect with the issu	er or investment iun	u manager			Ш	msider	or the is:	suer (ou	ner than an inves	ment lund	1)
Director or officer of the	ne investment fund o	or investme	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 canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the Cash commissions pa	ommissions, securitions of the commissions, securitions of the commissions of the commission of the co	es-based col g, legal or a	mpensatio ccounting	n, gifts, dis services. A	counts n issuer	or othe	r compen required	nsation. I to ask fo	Do not report pay	ments for :	services
Cash commissions pa	iiu ;	93.40					Security	code 1	Security code 2	Security	code 3
Value of all securitie distributed as compensation	-		\$	Security co	des						
Describe to	erms of warrants, op	otions or oth	er rights								
Other compensation	n <sup>5</sup>	I	Describe								
Total compensation pa	id	93.40									
✓ Check box if the pe	rson will or may rece	eive any def	erred con	npensation	(descr	ibe the	terms be	elow)			
Industrielle Alliand Preferred Non-Vot Preferred Non-Vot	ting Shares, 1% o										
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire acc <sup>5</sup> Do not include deferred comp	ver. Indicate the secu additional securities o	ırity codes i	for all secu								 her

a) Name of person compe	nsated and regis	ration statu	ıs								
Indicate whether the person com	pensated is a registr	ant.		☐ No		<b>√</b> Y	'es				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individ	dual										
	F	amily name			First giv	ven nam	ne		Secondary g	iven names	
If the person compensated is not	an individual, provi	de the follow	ing infor	mation.							
Full legal name o	f non-individual	Rethink an	d Diver	sify Secui	ities Inc.						
Fin	m NRD number	4 7	2	5	0		(if	applic	able)		
Indicate whether the person com	pensated facilitated	the distributi	ion throu	ıgh a fundii	ng portal o	or an in	nternet-ba	sed po	rtal. 🗸	] No [	] Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	ided in Item 8 (a), p	rovide the bu	ısiness co	ontact infor	mation of	the per	rson being	д сотр	ensated.		
Street address											
Municipality						Pro	vince/St	ate			
Country					Pos	tal cod	de/Zip co	ode			
Email address					Te	elepho	one num	ber			
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship the Instructions and the meaning  Connect with the issue	of "control" in secti	on 1.4 of NI			oses of co	mpletin	ng this sec	tion.	ing of "connecter r than an invest		
Director or officer of the	e investment fund o	r investment	fund ma	anager	☐ Em	nployee	of the iss	suer or	investment fun	d manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securitien as clerical, printing directors, officers or	s-based com , legal or acc employees o	pensatio counting	n, gifts, disc services. Ar	counts or o	other co not req	ompensat Juired to a	ion. Do isk for d	not report payr	nents for se	ervices
Cash commissions paid	2	7.04				Se	ecurity code	e 1 (	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			5	Security co	des						
Describe ter	rms of warrants, op	tions or othe	r rights								
Other compensation <sup>5</sup>	5	De	escribe								
Total compensation paid	t l	7.04									
✓ Check box if the pers	son will or may rece	ive any defe	rred con	npensation	(describe	the ter	rms belov	v)			
Rethink and Divers Preferred Non-Voti Preferred Non-Voti	ng Shares, 1% or										
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire add <sup>5</sup> Do not include deferred compe	r. Indicate the secu ditional securities of	rity codes fo									er

a) Name of person comp	ensated and regi	stration status								
Indicate whether the person con	npensated is a regis	trant.	□ No	)	$\checkmark$	Yes				
If the person compensated is an	individual, provide	the name of the inc	lividual.							
Full legal name of indiv	idual									
		Family name		First	given na	ame		Secondary (	jiven name:	 S
If the person compensated is no	t an individual, pro	vide the following in	formation.							
Full legal name	of non-individual	Raymond Jame	es Ltd.							
Fi	rm NRD number	8 2	4 0				(if appl	icable)		
Indicate whether the person con	npensated facilitate	d the distribution th	rough a fun	ding port	al or an	internet-	-based p	oortal.	No 🔽	Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a),	provide the busines.	s contact inf	ormation	of the p	erson be	ing con	pensated.		
Street address										
Municipality					Pr	ovince/	State			
Country				Р	ostal co	ode/Zip	code			
Email address					Teleph	none nu	ımber			
c) Relationship to issuer	or investment fur	nd manager								
Indicate the person's relationshit the Instructions and the meaning	g of "control" in sec	tion 1.4 of NI 45-10	-	rposes of	complet	ting this	section.	ning of "connecte		
_		-		_			,			•
☐ Director or officer of the None of the above	ie investment tund	or investment rund	managei	Ш,	Imploye	ee or trie	ISSUEL	or investment fun	u manage	ı
d) Compensation details	:	::d &= &b==		0(-) :			. 41 11-	taibantian Danaida	-//	4- 1-
Provide details of all compensations and canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the Cash commissions pa	ommissions, securit ch as clerical, printir e directors, officers	ies-based compensong, legal or accounti	ntion, gifts, a ng services.	iscounts c An issuer	or other is not re	compens equired t	sation. L o ask fo	Do not report payı	nents for s	ervices
·		49.59				Security c	ode 1	Security code 2	Security of	ode 3
Value of all securitie distributed as compensation	-		Security	codes						
Describe to	erms of warrants, o	ptions or other righ	ts							
Other compensation	1 <sup>5</sup>	Describ	е							
Total compensation pa	id	49.59								
✓ Check box if the per	rson will or may red	ceive any deferred o	compensation	on (descri	be the t	erms be	low)			
Raymond James I Voting Shares, 1% Voting Shares.										
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	er. Indicate the sec additional securities	curity codes for all s	ation, <u>exclu</u> ecurities dis	<u>ding</u> optio tributed a	ns, war as comp	rrants or pensation	other rig n, <u>includ</u>	ghts exercisable t ling options, warr	o acquire ants or oth	er

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 <sup>6</sup>					
Provide nar	me of reporting issue	r						
Wholly owned subsidiary of	f a foreign public issu	uer <sup>6</sup>						_
Provide name of	f foreign public issue	r						7
Issuer distributing only eligi	ble foreign securities	s and the distributio	n is to permitted clie	nts only <sup>7</sup>				_
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (c	c). Proceed to Item	10.				
<sup>6</sup> An issuer is a wholly owned subsice 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 "ellows".  If the issuer is none of the	o be owned by its dir urrent distribution ev eligible foreign securi	rectors, are benefici en if the issuer mad ity" and "permitted o	ially owned by the re de previous distributi client" in Part B(1) of	porting issuer or the fons of other types	he foreign	public iss	suer,	
a) Directors, executive officer	rs and promoters of	of the issuer						
Provide the following information fo territory; otherwise state the country.						tate the p	rovince	or
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu residenta jurisdictior individu	ial or ail n of		onship to et all that	
				Province or country		D	0	Р
	Granleese	William		British Columbia	a	✓	<b>✓</b>	
	Granleese	William	R.	British Columbia	a	✓		
	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

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## 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								
	Family name	First given name	<u>'</u>	Seconda	ary given n	ames			
Title	President and Director								
Telephone number	6045302301	Email address	bill@an	triminvestr	ments.co	om			
Signature	"William Granleese"	Date	2019	08	09				
			YYYY	MM	DD	•			

ITEM 11- CONTACT F	PERSON				
	•	or the individual that the secu the individual certifying the	urities regulatory authority or report in Item 10.	regulator may	contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	mail 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.