# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8899721

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that is bein	g ame	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	E 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	umbor		
Full legal name	provide the underwriter's fall te	gat name ana ן מיזוו איזיין מיזור	iumber.		
Firm NRD number		(if applicable	۵)		
		(if applicabl			
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  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	nt 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
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot 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.

a) Curren	CV
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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 15

YYYY MM DD

End date 2019 08 22

#### 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	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	793,877.00	1.0000		793,877.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	2,260,711.00	1.0000		2,260,711.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	848,817.00	1.0000		848,817.00

#### 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	nderlyi curity c	•		ise price adian \$)	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>2ª</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	7	1,833,104.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	17	1,785,635.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	4,666.00

Ontario	NI 45-106 2.3 [Accredited investor]	2	280,000.00
	Total dollar amount of se	curities distributed	3,903,405.00
	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.

Iтем 8 - Cc	OMPENSATIO	N INFORMATION	
•		rson (as defined in NI 45-106) to whom the issuer directly provides, litional copies of this page if more than one person was, or wi	
Indicate whe	ther any compens	sation was paid, or will be paid, in connection with the distribution.	
		If yes, indicate number of persons compensated.	

a) Name of person compe	ensated and regis	tration statu	s								
Indicate whether the person com	pensated is a registi	rant.		☐ No		✓ Y	es				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individual	dual										
	i i	amily name			First giv	ven nam	е	Se	econdary g	iven names	
If the person compensated is not an individual, provide the following information.											
Full legal name of	of non-individual	Industrielle	Allianc	e Valeurs	Mobilie	rs Inc.					
Fir	m NRD number	1 5	4	0	0		(if a	pplicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No   Yes											
b) Business contact information											
If a firm NRD number is not prov	vided in Item 8 (a), p	rovide the bus	siness co	ontact infor	mation of	f the per	rson being (	compensated	d.		
Street address											
Municipality						Pro	vince/Stat	е			
Country					Pos	stal cod	de/Zip cod	е			
Email address	Telephone number										
c) Relationship to issuer or investment fund manager											
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	Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuity incidental to the distribution, such allocation arrangements with the	ommissions, securitien h as clerical, printing e directors, officers of	es-based comp g, legal or acco r employees of	ensatio ounting	n, gifts, dis services. Ai	counts or is issuer is	other co	ompensatio uired to asi	n. Do not re	port payr	nents for se	ervices
Cash commissions paid	a	17.05				Se	curity code	Security	code 2	Security co	ode 3
Value of all securities distributed as compensation			9	Security co	des						
·	rms of warrants, op	tions or other	rights								
Other compensation	5	De	scribe								
Total compensation paid	d 1	7.05									
✓ Check box if the pers	son will or may rece	eive any defer	red com	npensation	(describe	e the ter	ms below)				
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											
<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	er. Indicate the secu Iditional securities of	rity codes for									er

a) Name of person comp	ensated and regis	stration sta	tus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ Y	⁄es				
If the person compensated is an	individual, provide	the name of	the indivi	dual.							
Full legal name of indiv	idual										
		Family name			First gi	ven nam	ne		Secondary (	jiven names	
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Echelon V	Wealth P	artners In	C.						
Fi	rm NRD number	3 2	2 4	2	0		(i	f appli	cable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  ☐ No ✓ Yes											
b) Business contact information											
If a firm NRD number is not pro	vided in Item 8 (a), <sub>I</sub>	provide the b	ousiness co	ontact infor	mation of	f the pe	rson bein	g comp	pensated.		
Street address											
Municipality						Pro	ovince/St	tate			
Country					Pos	stal cod	de/Zip c	ode			
Email address					Т	elepho	one num	nber			
c) Relationship to issuer or investment fund manager											
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	Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager										
None of the above											
d) Compensation details											
Provide details of all compensations of all compensations and compensations. Include cash control incidental to the distribution, such allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers c	es-based cor g, legal or ac r employees	mpensatio ccounting	on, gifts, dis services. Ai	counts or n issuer is	other co	ompensar quired to d	tion. De ask for	o not report payı	ments for se	ervices
Cash commissions pa	ia	19.87				Se	ecurity cod	le 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation	-		;	Security co	des						
Describe to	erms of warrants, op	otions or oth	er rights								
Other compensation	1 <sup>5</sup>		Describe								
Total compensation pa	id	19.87									
✓ Check box if the per	rson will or may rec	eive any def	erred con	npensation	(describe	e the te	rms belov	w)			
Echelon Wealth Partners Inc. 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 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 compa	er. Indicate the sec Iditional securities o	urity codes f	for all sect								er

a) Name of person comper	nsated and regis	tration	status										
Indicate whether the person comp	dicate whether the person compensated is a registrant.  No  Ves												
If the person compensated is an individual, provide the name of the individual.													
Full legal name of individ	ual												
		Family na	ime			First	given r	name		Secor	ndary gi	ven names	i
If the person compensated is not an individual, provide the following information.													
Full legal name of	f non-individual	Raymo	ond Jan	nes L	_td.								
Firr	n NRD number	8	2	4	0				(if app	olicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No   Yes													
b) Business contact information													
If a firm NRD number is not provi	ded in Item 8 (a), p	orovide ti	he busine	ess co	ontact info	rmation	of the	person l	peing coi	mpensated.			
Street address													
Municipality							F	Province	e/State				
Country						Р	ostal	code/Zi	p code				
Email address							Telep	ohone r	number				
c) Relationship to issuer or investment fund manager													
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 investment fund or investment fund manager													
✓ 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	nmissions, securition as clerical, printing directors, officers o	es-based g, legal o r employ	compen or accour	satio nting	n, gifts, dis services. A	scounts ( In issuer	or othe is not	r compe required	nsation. to ask f	Do not repor	t paym	nents for s	ervices
Cash commissions paid	24	47.55						Security	code 1	Security co	de 2	Security c	ode 3
Value of all securities distributed as compensation <sup>4</sup>				5	Security co	odes	L						
Describe ter	ms of warrants, op	otions or	other rig	hts									
Other compensation <sup>5</sup>			Desc	ribe									
Total compensation paid	24	17.55											
✓ Check box if the pers	on will or may rece	eive any	deferred	d com	npensatior	n (descri	ibe the	terms b	elow)				
Raymond James Ltd. 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 Shares.													
<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 comper	r. Indicate the secu litional securities o	ırity cod	es for all										er

a) Name of person comp	pensated and regi	stration status						
Indicate whether the person co	mpensated is a regis	trant.	☐ No	Į.	✓ Yes			
If the person compensated is a	n individual, provide	the name of the indiv	idual.					
Full legal name of indiv	/idual							
		Family name		First give	n name		Secondary (	jiven names
If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual	Genesis Wealth N	/lanageme	nt Corpor	ation			
F	irm NRD number	6 4 5	7	0		(if app	icable)	
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 pro	ovided in Item 8 (a),	provide the business c	ontact infor	mation of t	he person be	eing con	pensated.	
Street address								
Municipality					Province	/State		
Country			Ī	Posta	al code/Zip	code		
Email address			Ī	Tel	lephone ni	umber		
c) Relationship to issuer or investment fund manager								
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)								
✓ None of the above	Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager							
d) Compensation details								
Provide details of all compensation		uid to the person ident	tified in Item	g(a) in con	naction wit	h tha dis	tribution Provide	all amounts in
Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securit ich as clerical, printi ne directors, officers	ies-based compensations, legal or accounting or employees of a non	on, gifts, disc services. Ar	counts or ot issuer is n	ther compen ot required	nsation. L to ask fo	Do not report payı	ments for services
Cash commissions pa	aid	21.92			Security of	code 1	Security code 2	Security code 3
Value of all securition distributed as compensation			Security co	des				
Describe	terms of warrants, c	ptions or other rights						
Other compensation	n <sup>5</sup>	Describe						
Total compensation pa	aid	21.92						
✓ Check box if the pe	erson will or may red	eive any deferred cor	mpensation	(describe t	he terms be	elow)		
Genesis Wealth Management Corporation 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								
<sup>4</sup> Provide the aggregate value additional securities of the issinghts exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec						

a) Name of person comp	ensated and regis	stration status								
Indicate whether the person cor	mpensated is a regist	rant.		No		✓ Ye	S			
If the person compensated is an	individual, provide	the name of the	individual	•						
Full legal name of indiv	ridual									
		Family name			First give	en name		Secondary (	jiven name	s
If the person compensated is not an individual, provide the following information.										
Full legal name	of non-individual	PI Financial (	Corp.							
F	irm NRD number	5 2	9	0			(if app	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No   Yes										
b) Business contact information										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the busir	ness conta	ct inform	ation of t	he perso	on being coi	mpensated.		
Street address										
Municipality						Provi	nce/State			
Country					Posta	al code	Zip code			
Email address					Te	lephon	e number			
c) Relationship to issuer or investment fund manager										
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	he investment fund (	or investment fu	nd manag	ger [	Emp	oloyee o	f the issuer	or investment fun	d manage	r
✓ None of the above										
d) Compensation details										
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions pa	commissions, securiti ch as clerical, printin ne directors, officers o	es-based compe g, legal or accou	nsation, g Inting serv	ifts, disco ices. An i	unts or o	ther con ot requi	npensation. Tred to ask f	Do not report payi	ments for s	services
Casii commissions pa		30.17				Secu	urity code 1	Security code 2	Security of	code 3
Value of all securitie distributed as compensatio			Secu	urity code	es					
Describe t	erms of warrants, op	otions or other ri	ghts							
Other compensation	n <sup>5</sup>	Desc	cribe							
Total compensation pa	iid :	36.17								
✓ Check box if the pe	rson will or may rec	eive any deferre	d comper	nsation (d	describe t	the term	s below)			
PI Financial Corp. 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 Shares.										
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an <sup>5</sup> Do not include deferred comp	uer. Indicate the secu dditional securities d	urity codes for a								her

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any o	f the following (selec	t the one that applie	es - if more than one	applies, select only	one).				
Reporting issuer in any jurisdiction of Canada									
Foreign public issuer									
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>									
Provide nar	Provide name of reporting issuer								
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 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. <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.  [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 fo territory; otherwise state the country.						tate the p	rovince	or	
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or recidental Relatio		ionship to issuer ect all that apply)			
				Province or o	country	D	0	Р	
	Granleese	William		British Columbia	a	✓	<b>✓</b>		
	Granleese	William	R.	British Columbia	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		R.								
	Family name	•	Secondary given names								
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@a	Il@antriminvestments.com							
Signature	"William Granleese"	Date 2		9 08	23						
		_	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		Er	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.