Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8865738

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 (sel Instrument 81-106 Investment Fund Conti				estment fund, refer to sectio	n 1.1 of National			
☐ Investment fund issuer								
✓ Issuer (other than an investment 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, 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 security, provide the full legal name(s) of the co-issuer(s) other than 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 NRD number, provide the head office contact information of the underwriter.								
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	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 of 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 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) Currency

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 07 04

End date 2019 07 11

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	i i lowest I Highest price I I otal amo		Total amount		
Р	R	S		Class A Preferred Non-Voting Shares	1,761,980.00	1.0000		1,761,980.00		
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	420,585.00	1.0000		420,585.00		
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	1,286,460.00	1.0000		1,286,460.00		

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.

excha	vertible / angeable urity code				, ,		•		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 ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	5	446,460.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	25	2,243,565.00
Ontario	NI 45-106 2.3 [Accredited investor]	4	652,000.00

Ontario	Ontario NI 45-106 2.9(2.1) [Offering memorandum] 2 (AB, SK, ON, QC, NB, NS)				
	3,469,025.00				
	Total number of unique purchasers ^{2b}	36			

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.	Offering Memorandum	2018-10-05	Υ	2018-10-10

^{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.

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.	TTEM 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 compe	ensated and regis	tration status	3								
Indicate whether the person com	pensated is a registr	ant.		☐ No		√ Y	'es				
If the person compensated is an	individual, provide ti	he name of the	e individ	dual.							
Full legal name of indivi	dual										
	F	amily name			First gi	iven nam	ne		Secondary of	jiven 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	res Inc).				
Fir	m NRD number	1 5	4	0	0		(if	applica	able)		
Indicate whether the person compensated facilitated the distribution through a funding portal 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 the bus	iness co	ontact infor	mation o	f the pei	rson being	сотре	ensated.		
Street address											
Municipality						Pro	vince/Sta	ate			
Country					Pos	stal cod	de/Zip co	de			
Email address					Т	elepho	one numl	oer			
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 th	e investment fund o	r investment f	und ma	anager	☐ En	nployee	of the iss	suer or	investment fun	d manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.											
Cash commissions pai	d	9.96				Se	ecurity code	1 5	Security code 2	Security co	ode 3
Value of all securities distributed as compensation	-		9	Security co	des						
Describe te	erms of warrants, op	tions or other	rights								
Other compensation	5	Des	scribe								
Total compensation pai	d	9.96									
✓ Check box if the per-	son will or may rece	ive any deferr	ed com	npensation	(describe	e the tei	rms below	')			
Industrielle Alliance Preferred Non-Voti Preferred Non-Voti	ing Shares, 1% or										s A
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ 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 status									
Indicate whether the person co	mpensated is a regist	rant.] No		√	Yes				
If the person compensated is ar	individual, provide	the name of the	individua	l.							
Full legal name of indiv	ridual										
		Family name			First	given na	ame		Secondary (jiven name	es
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	PI Financial	Corp.								
Firm NRD number 5 2 9 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. □ No ✓ Yes											
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), ¡	provide the busi	ness conta	ict infori	mation (of the p	person be	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					Po	ostal c	ode/Zip	code			
Email address						Telep	hone nı	umber			
c) Relationship to issuer	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 issu	er or investment fun	d manager			∐ Ir	nsider (of the iss	suer (oth	ner than an invest	ment fund	d)
Director or officer of t	he investment fund	or investment fo	und mana	ger		mploy	ee of the	issuer	or investment fun	d manage	er
None of the above											
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, surallocation arrangements with the Cash commissions pa	commissions, securiti ch as clerical, printin ne directors, officers o	es-based compe g, legal or acco or employees of	ensation, g unting serv	ifts, disc vices. An	ounts o issuer i	r other is not r	compen equired t	sation. I to ask fo	Do not report pay	ments for :	services
Casii commissions pa		3.12					Security of	code 1	Security code 2	Security (code 3
Value of all securitie distributed as compensation			Sec	urity cod	les						
Describe t	erms of warrants, or	otions or other i	rights								
Other compensatio	n ⁵	Des	cribe								
Total compensation pa	iid	3.12									
✓ Check box if the pe	rson will or may rec	eive any deferre	ed compe	nsation	(describ	oe the t	terms be	elow)			
PI Financial Corp. Shares, 1% on CI Shares.											
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	uer. Indicate the secu dditional securities d	urity codes for a									

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	of the i	ndivid	dual.								
Full legal name of individ	lual												
		Family na	me			First	given r	name		Seconda	ry given na	mes	
If the person compensated is not an individual, provide the following information.													
Full legal name o	f non-individual	Raymo	nd Jan	nes L	Ltd.								
Firr	m NRD number	8	2	4	0				(if app	licable)			
Indicate whether the person comp	pensated facilitated	the dist	ribution	throu	ıgh a fund	ing port	al or aı	n interne	t-based	portal.	☐ No	√ Y	'es
b) Business contact inform	ation												
If a firm NRD number is not provi	ided in Item 8 (a), p	orovide tl	he busine	ess co	ontact info	rmation	of the	person b	eing cor	npensated.			
Street address													
Municipality							F	Province	/State				
Country						Р	ostal o	code/Zi _l	code				Ī
Email address							Telep	ohone n	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)													
Director or officer of the	investment fund (or invest	ment fur	nd ma	nager	_	Employ	vee of th	e iccuer	or investment	fund mans	nger	
	, investment runa c	71 1114031	nont fai	iu iiic	anagoi	ш'	Linplo	,00 01 111	0 133001	or investment	una mane	igei	
✓ 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	mmissions, securition as clerical, printing directors, officers o	es-based g, legal o r employ	compen or accour	nsatio nting	n, gifts, dis services. A	scounts (In issuer	or othe	r compei required	nsation. to ask fo	Do not report p	ayments f	or servic	es
Cash commissions paid	1	31.31						Security	code 1	Security code	2 Securi	ty code 3	3
Value of all securities distributed as compensation				5	Security co	odes							
Describe ter	rms of warrants, op	otions or	other rig	ghts									
Other compensation ⁵			Desc	ribe									Ī
Total compensation paid	1	31.31											_
✓ 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 Lt Voting Shares, 1% Voting Shares.	d. will receive ar on Class B Serie	n annua es 'B' Pr	l trailer eferred	fee I Nor	paid mor n-Voting	nthly in Shares	the ar	nount o	f 1/2% Class B	on Class A P Series 'C' Pr	referred I eferred N	Non- on-	
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 litional securities o	ırity code	es for all										

a) Name of person comp	pensated and regi	stration status								
Indicate whether the person co	mpensated is a regis	trant.	☐ No		✓ Yes					
If the person compensated is a	n individual, provide	the name of the indiv	idual.							
Full legal name of indiv	vidual									
		Family name	I	First giv	ven name		Secondary (given names		
If the person compensated is not an individual, provide the following information.										
Full legal name	of non-individual	Echelon Wealth F	Partners In	C.						
F	irm NRD number	3 2 4	2	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 info	rmation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	contact infor	mation of	the persor	n being cor	mpensated.			
Street address										
Municipality					Provin	ce/State			١	
Country			Ī	Post	tal code/2	Zip code			ĺ	
Email address				Te	elephone	number			اً	
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)										
<u> </u>										
☐ Director or officer of t ✓ None of the above	ine investment tuna	or investment fund in	iariagei		ipioyee oi	trie issuei	or investment fun	u managei		
d) Compensation details		id to the news widow	tified in Item	0(a) in an	tian .	نام مطغ طغني	atribution Dravida	all amounts in		
Provide details of all compensation Canadian dollars. Include cash a incidental to the distribution, sur allocation arrangements with the Cash commissions page	commissions, securit uch as clerical, printin ne directors, officers	ies-based compensationg, legal or accounting	on, gifts, dis g services. Ai	counts or o	other comp not require	oensation. ed to ask fo	Do not report pay	ments for services		
Cash commissions pa	aiu	0.14			Securi	ty code 1	Security code 2	Security code 3		
Value of all securition distributed as compensation			Security co	des						
Describe	terms of warrants, o	ptions or other rights								
Other compensation	n ⁵	Describe								
Total compensation pa	aid	6.14								
✓ Check box if the pe	erson will or may red	ceive any deferred con	mpensation	(describe	the terms	below)				
Echelon Wealth F Non-Voting Share Non-Voting Share	es, 1% on Class E	eceive an annual tr 3 Series 'B' Preferre	ailer fee pa ed Non-Vo	aid month ing Share	nly in the es and 0	amount o	of 1/2% on Clas ass B Series 'C'	s A Preferred Preferred		
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludii</u> curities distri	n <u>g</u> options, buted as d	, warrants compensa	or other nation, include	ights exercisable 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 jurisdiction of Canada										
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer ir	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	Family name	First given name	Secondary given names	Business location of non-individual or residental			elationship to issuer elect all that apply)			
				Province or o	country	D	0	Р		
	Granleese	William		British Columbia	a	✓	✓			
	Granleese William 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								
	Family name	First given name	•	Secondar	y given names				
Title	Portfolio Manager								
Telephone number	6045302301	Email address	will@antrim	ninvestm	nents.com				
Signature	"William R. Granleese"	Date	2019	07	11				
			YYYY	MM	DD				

ITEM 11- CONTACT P	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.