Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8818759

ITEM 1 - REPORT TYPE									
✓ New report									
☐ Amended report If ame	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	umbor						
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 investment fund, provide the following information.							
a) Investment fund manager 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	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 both of the following apply to the investment fund .							
☐ Invests primarily in other investment fund issuers							
☐ Is a UCITs Fundf							
	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 05 09

End date 2019 05 16

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)	I Description of security I I lowest I Highest price I		Total amount					
Р	R	s		Class A Preferred Non-Voting Shares	986,952.00	1.0000	1.0000	986,952.00			
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	598,263.00	1.0000	1.0000	598,263.00			
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	3,717,013.00	1.0000	1.0000	3,717,013.00			

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	nvertible / nangeable urity code		Underlying security 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 2.9(1) [Offering memorandum] (BC, NL)	66	5,079,066.00
Alberta	NI 45-106 2.3 [Accredited investor]	3	35,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	2	10,962.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	150,000.00

Saskatchewan	NI 45-106 2.3 [Accredited investor]	1	6,000.00				
Québec	Québec NI 45-106 2.3 [Accredited investor] 3						
	5,302,228.00						
	Total number of unique purchasers ² b	70					

^{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)

^{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.	ITEM 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 compo	ensated and regis	stration st	atus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		√ \	Yes				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indivi	dual										
		Family name	e		First g	iven nan	me		Secondary	given names	
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Echelon	Wealth F	artners In	C.						
Fi	rm NRD number	3	2 4	2	0		(if 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), ¡	provide the	business c	ontact infor	mation o	f the pe	erson beir	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Pos	stal co	de/Zip c	code			
Email address					٦	Γeleph	one nun	nber			
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 issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of the	ne investment fund o	or investme	ent fund m	anager	☐ Er	mployee	e of the is	ssuer c	or investment fun	d manager	
None of the above					_						
d) Compensation details											
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based co g, legal or o r employee	ompensatio accounting	on, gifts, dis services. A	counts or n issuer is	other c	compensa quired to	ation. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	id :	24.66				Se	ecurity cod	de 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 ot	her rights								
Other compensation	1 ⁵		Describe								
Total compensation pai	id 2	24.66									
✓ Check box if the per	son will or may rec	eive any de	eferred cor	mpensation	(describ	e the te	erms belo	ow)			
Echelon Wealth Pa Non-Voting Shares Non-Voting Shares	s, 1% on Class B										red
⁴ Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	for all sec								er

a) Name of person compe	ensated and regis	tration sta	tus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		√ \	Yes				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indivi	dual										
	I	Family name			First gi	iven nan	me		Secondary (given names	i
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Industriell	e Alliand	ce Valeurs	Mobilie	res					
Fi	rm NRD number	1 !	5 4	0	0			(if appl	icable)		
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), p	rovide the b	ousiness c	ontact infor	mation o	f the pe	erson bei	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Pos	stal co	de/Zip	code			
Email address					Т	Teleph:	one nur	mber			
c) Relationship to issuer of	or investment fund	d 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	or investme	nt fund ma	anager	☐ Er	nploye	e of the i	issuer (or investment fun	d manager	r
✓ 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	a	6.47				S	ecurity co	de 1	Security code 2	Security of	ode 3
Value of all securities distributed as compensation			;	Security co	des						
Describe te	erms of warrants, op	tions or oth	er rights								
Other compensation	5		Describe								
Total compensation pai	d	6.47									
Check box if the person will or may receive any deferred compensation (describe the terms below)											
Industrielle Alliance Valeurs Mobileres will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire an ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes f	or all sec								er

a) Name of person comp	ensated 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		First giv	/en name		Secondary (given names	
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual PI Financial									
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 information									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	ontact info	rmation of	the person	being cor	mpensated.		_
Street address									
Municipality					Provin	ce/State			
Country				Pos	tal code/z	Zip code			اً
Email address				Te	elephone	number			
c) Relationship to issuer	or investment fur	nd 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	he investment fund	or investment fund m	anager	L Em	ployee of	the issuer	or investment fun	d manager	
None of the above									
d) Compensation details									
Provide details of all compensations of all compensations and compensations. Include cash a incidental to the distribution, sure allocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi ne directors, officers	ies-based compensati ng, legal or accounting	on, gifts, dis services. A	counts or o	other comp not require	ensation. ed to ask f	Do not report pay	ments for services	
·		1.10			Securi	ty code 1	Security code 2	Security code 3	l
Value of all securition distributed as compensation			Security co	odes					
Describe	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	1.10							
Check box if the person will or may receive any deferred compensation (describe the terms below)									
PI Financial will re Shares, 1% on C Shares.	eceive an annual lass B Series 'B' F	trailer fee paid mor Preferred Non-Votir	othly in the ng Shares	amount and 0% o	of 1/2% on Class	n Class B Series	A Preferred Nor 'C' Preferred No	n-Voting on-Voting	
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	ng options ibuted as d	s, warrants compensa	or other r tion, <u>inclu</u>	ights exercisable i <u>ding</u> options, warr	o acquire ants or other	

a) Name of person compe	ensated and regis	tration stat	us								
Indicate whether the person com	pensated is a registi	rant.		☐ No		\checkmark	Yes				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of individ	dual										
	F	amily name			First	given na	ame		Secondary (given names	
If the person compensated is not an individual, provide the following information.											
Full legal name of	of non-individual	Raymond	James	Ltd.							
Fir	m NRD number	8 2	2 4	0				(if app	licable)		
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	rided in Item 8 (a), p	rovide the b	usiness c	ontact info	rmation	of the p	erson be	ing con	npensated.		
Street address											
Municipality						Pı	rovince	'State			
Country]	Po	ostal c	ode/Zip	code			
Email address						Telepl	hone nu	ımber			
c) Relationship to issuer of	r investment fund	l 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 Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager											
✓ None of the above	s investment rand e	riivesiiiei	it rund m	anager	Ш 5	imploy	ce or the	133461	or investment run	a manager	
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuity in the distribution, such allocation arrangements with the	mmissions, securitien as clerical, printing directors, officers of	es-based con g, legal or ac r employees	npensatio counting	on, gifts, di: services. A	scounts c n issuer	r other is not re	compen equired t	sation. I o ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	, <u> </u>	36.71				:	Security of	ode 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			;	Security co	odes						
Describe te	rms of warrants, op	tions or othe	er rights								
Other compensation	5		escribe								
Total compensation paid	d 3	6.71									
✓ Check box if the pers	☐ Check box if the person will or may receive any deferred compensation (describe the terms below)										
Raymond James L Voting Shares, 1% Voting Shares.	td. will receive an on Class B Serie	annual tra s 'B' Prefe	ailer fee rred No	paid mor n-Voting	thly in t Shares	the am and 0°	ount of % on Cl	1/2% (ass B	on Class A Pref Series 'C' Prefe	erred Nor rred Non-)-
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities of	rity codes fo									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 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 Relation			ship to issuer 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			R.						
	Family name	First given name		Seconda	ary given n	ames				
Title	Portfolio Manager									
Telephone number	6045302301	Email address	will@antriminvestments.com			om				
Signature	William R. Granleese	Date	2019	9 05	17					
			YYYY	/ MM	DD	•				

TEM 11- CONTACT 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	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.