# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8191610

ITEM 1 - REPORT TYPE								
☐ New report								
·	·							
ITEM 2 - PARTY CERTIFYING TH	e Report							
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.								
Investment fund issuer	indods Disclosure and the comp	union policy to NI 81-100.						
✓ Issuer (other than an inve	stment fund)							
Underwriter	striont randy							
ITEM 3 - ISSUER NAME AND OT	THER IDENTIFIERS							
Provide the following information about t								
Full legal name	Antrim Balanced Mortg	age Fund Ltd.						
Previous full legal name								
If the issuer's name changed in the last 12 months, provide most recent previous legal name.								
Website www.antriminvestments.com (if applicable)								
If the issuer has a legal entity identifier. p	rovide below. Refer to Part B of t	he Instructions for the definiti	on of "legal entity identifier".					
Legal entity identifier								
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issuer(s) other	than the issuer named above	2.				
Full legal name(s) of co-issuer(s)		(if applic	able)					
ITEM 4 - UNDERWRITER INFOR	MATION							
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD numl	er.					
Full legal name								
Firm NRD number (if applicable)								
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality Province/State								
Country		Postal code/Zip cod	е	-				
Telephone number	Telephone number Website (if applicable)							

ITEM 5 - ISSUER INFORMATION								
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.								
a) Primary industry								
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 5 2 2 9 9								
If the issuer is in the <b>mining industry</b> , 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								
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:								
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 Province/State								
Municipality 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.								
AII AB BC MB NB NL NT								
NS NU ON PE QC SK YT								
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 and not a trading facility such as, for example, an automated trading system.  Exchange name								
h) Size of issuer's assets								
11) 6120 01 100001 0 000010								

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 strateg	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation and financial year-end of the investment fund							
Date of formation Financial year-end MM DD MM DD							
d) Reporting issuer status of the investment fund							
Is the investment fund a reporting 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 YT						
e) Public listing status of the investment fund							
If the investment fund has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the							
name of an exchange and not a trading facility such as, for example, an automated trading system.  Exchange name							
-	AV) of the investment fund						
Select the NAV range of the 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 \$500M to under \$1B \$1B 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.

١.	_	
a)	) Currency	•
u	, Cullelley	

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

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

#### b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2017 04 25

End date 2017 05 02

#### c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

#### d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$			
Security CUSIP number (if applicable)		 Description of security  Number of securities		Single or lowest price	Highest price	Total amount		
Р	R	S	Class A Preferred Non-Voting Shares	1,243,988.00	1.0000	1.0000	1,243,988.00	
Р	R	S	Class B Series 'B' Preferred Non- Voting Shares	1,235,458.00	1.0000	1.0000	1,235,458.00	
Р	R	S	Class B Series 'C' Preferred Non- Voting Shares	4,056,368.00	1.0000	1.0000	4,056,368.00	

#### 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.

Converti exchange security	eable	Inderlying Exercise price (Canadian \$)		ing   (Canadian %)   Expiry date   Conversion		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 Exemption relied on		Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	127	6,279,207.00
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	5	81,607.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	7	165,000.00

British Columbia	NI 45-106 2.3 [Accredited investor]	10,000.00	
	curities distributed	6,535,814.00	
Total number of unique purchasers <sup>2</sup> b			

<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)

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution.  Complete additional copies of this page if more than one person was, or will be, compensated.  Indicate whether any compensation was paid, or will be paid, in connection with the distribution.  No V Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION						
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
	No ✓ Yes If yes, indicate number of persons compensated. 4						

a) Name of person compe	ensated and regis	tration statu	S								
Indicate whether the person com	npensated is a regist	rant.		No		$\checkmark$	Yes				
If the person compensated is an	individual, provide t	he name of th	e individu	al.							
Full legal name of indivi	dual										
		Family name			First	given na	ame		Secondary (	jiven name	s
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Holliswealth	n Advisoi	ry Servic	es Inc.	•					
Fi	rm NRD number	3 4	0					(if app	licable)		
Indicate whether the person com	npensated facilitatea	the distribution	on througi	h a fundir	ng porta	l or an	internet	-based p	portal.	No [	✓ Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the bus	siness con	tact infori	nation (	of the p	erson be	eing con	npensated.		
Street address											
Municipality						Pr	rovince	/State			
Country					Po	stal c	ode/Zip	code			
Email address					-	Teleph	none nu	ımber			
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 the	e investment fund o	or investment	fund man	ager	E	mploye	ee of the	issuer	or investment fun	d manage	er
✓ None of the above											
d) Compensation details											
Provide details of all compensations and compensations allocation arrangements with the Cash commissions pair	ommissions, securition h as clerical, printing e directors, officers o	es-based comp g, legal or acco r employees o	ensation, ounting se	gifts, disc ervices. Ar	ounts o	r other is not re	compen equired t	sation. I to ask fo	Do not report pay	ments for s	services
·		34.81				3	Security of	ode 1	Security code 2	Security of	code 3
Value of all securities distributed as compensation			Se	curity cod	des						
Describe te	erms of warrants, op	otions or other	rights								
Other compensation	5	De	scribe								
Total compensation pai	d {	34.81									
✓ Check box if the per	son will or may rece	eive any defer	red comp	ensation	(describ	e the t	erms be	low)			
Holliswealth Advis Preferred Non-Vot Preferred Non-Vot	ing Shares, 1% o										
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes for									her

a) Name of person compe	nsated and regis	tration	status										
Indicate whether the person comp	pensated is a regist	rant.			☐ No		<b>√</b>	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	t given r	name		Seco	ndary g	iven names	S
If the person compensated is not	an individual, prov	ide the fo	ollowing	infor	mation.								
Full legal name o	f non-individual	Raymo	ond Jan	nes L	_td.								
Firm	m NRD number	8	2	4	0				(if app	olicable)			
Indicate whether the person comp	pensated facilitated	the dist	ribution	throu	ıgh a fund	ing port	al or a	n interne	et-based	portal.		No 🔽	Yes
b) Business contact inform	ation												
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide tl	he busin	ess co	ontact info	rmation	of the	person l	peing coi	mpensated.			
Street address													
Municipality							F	Provinc	e/State				
Country						Р	ostal	code/Zi	p code				
Email address							Telep	hone r	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	e investment fund o	or investi	ment fur	nd ma	anager		Emplo	yee of th	e issuer	or investme	ent fund	d manage	r
✓ None of the above						_							
d) Compensation details													
Provide details of all compensatio Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based g, legal c r employ	compen or accour	satio nting	n, gifts, di: services. A	scounts ( In issuer	or othe is not	r compe required	nsation. ' to ask f	Do not repo	rt payn	nents for s	ervices
Cash commissions paid	10	01.19						Security	code 1	Security co	de 2	Security of	ode 3
Value of all securities distributed as compensation	1			5	Security co	odes							
Describe ter	ms of warrants, op	otions or	other rig	ghts									
Other compensation <sup>5</sup>			Desc	ribe									
Total compensation paid	10	01.19											
✓ 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	annua es 'B' Pr	l trailer eferrec	fee   I Nor	paid mor n-Voting	nthly in Shares	the ar	mount o	of 1/2% Class B	on Class A Series 'C'	N Prefe Prefer	erred No red Non	n- -
<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 compet	r. Indicate the secu litional securities o	ırity code	es for all										er

a) Name of person compe	nsated and regis	stration state	us								
Indicate whether the person comp	ensated is a regist	rant.		☐ No		$\checkmark$	Yes				
If the person compensated is an i	ndividual, provide i	the name of t	he individ	dual.							
Full legal name of individ	ual										
		Family name			First	given n	ame		Secondary (	given names	
If the person compensated is not an individual, provide the following information.											
Full legal name o	f non-individual	PI Financia	al								
Firr	n NRD number	5 2	9	0				(if app	licable)		
Indicate whether the person comp	ensated facilitated	I the distribut	ion throu	igh a fund	ling porto	al or an	interne	t-based <sub>l</sub>	portal.	No ✓	Yes
b) Business contact inform	ation										
If a firm NRD number is not provi	ded in Item 8 (a), p	provide the bu	ısiness co	ontact info	rmation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					P	ostal c	ode/Zip	code			
Email address						Telep	hone n	umber			
c) Relationship to issuer or	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 o	or investment	t fund ma	anager		Employ	ee of the	e issuer	or investment fun	ıd 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	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 paid		16.03					Security	code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			5	Security c	odes						
Describe ter	ms of warrants, op	tions or othe	er rights								
Other compensation <sup>5</sup>		D	escribe								
Total compensation paid	,	16.03									
✓ Check box if the pers	on will or may rec	eive any defe	erred com	npensatio	n (descri	be the	terms b	elow)			
PI Financial will rec Shares, 1% on Clas Shares.	eive an annual t ss B Series 'B' P	railer fee pa referred No	aid mont n-Voting	hly in the	e amoui and 0%	nt of 1 % on C	/2% on Class B	Class A Series	A Preferred Nor 'C' Preferred No	n-Voting on-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 compen	r. Indicate the secu litional securities o	urity codes fo	npensatio er all secu	on, <u>exclua</u> urities dist	<u>ling</u> optio ributed a	ons, wa as com <sub>i</sub>	rrants oi pensatio	r other ri on, <u>includ</u>	ights exercisable i ding options, warr	'o acquire ants or oth	er

a) Name of person comp	ensated and regis	stration sta	atus								
Indicate whether the person cor	npensated is a regist	rant.		☐ No		<b>√</b> Y	⁄es				
If the person compensated is an	individual, provide	the name of	f the indivi	dual.							
Full legal name of indiv	idual										
		Family name	!		First giv	ven nam	ne		Secondary (	jiven names	
If the person compensated is no	t an individual, prov	ide the follo	wing infor	rmation.							
Full legal name	of non-individual	Echelon '	Wealth P	artners In	C.						
F	irm NRD number	3	2 4	2	0		(in	f applic	cable)		
Indicate whether the person cor	npensated facilitated	the distrib	ution thro	ugh a fundi	ng portal	or an in	nternet-bo	ased po	ortal.	No ✓	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), ¡	provide the	business c	ontact infor	mation of	f the pe	erson bein	д сотр	ensated.		
Street address											
Municipality						Pro	ovince/St	ate			
Country					Pos	stal cod	de/Zip co	ode			
Email address					T	elepho	one num	ber			
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 or officer or of the Director or of the Director or officer or of the Director or officer or of the Director or o	ne investment fund (	or investme	ent fund ma	anager	∐ Em	nployee	e of the is	suer or	r investment fun	d manager	
d) Compensation details											
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securiti ch as clerical, printin e directors, officers o	es-based co g, legal or a r employee:	mpensatio accounting	on, gifts, dis services. Ai	counts or a	other co	compensat quired to d	tion. Do	not report payı	ments for se	ervices
Cash commissions pa		2.81				Se	ecurity cod	e 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio	-		;	Security co	des						
Describe t	erms of warrants, op	otions or oth	ner rights								
Other compensation	n <sup>5</sup>		Describe								
Total compensation pa	id	2.81									
✓ Check box if the pe	rson will or may rec	eive any de	ferred con	npensation	(describe	the te	rms belov	w)			
Echelon Wealth P Non-Voting Share Non-Voting Share	s, 1% on Class B										red
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and <sup>5</sup> Do not include deferred comp	ier. Indicate the secu Idditional securities d	urity codes .	for all sec								er

f the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.				
Indicate whether the issuer is any c	of the following (selec	t the one that applie	es - if more than one a	applies, select only one).			
Reporting issuer in any juri	sdiction of Canada						
Foreign public issuer							
Wholly owned subsidiary o	f a reporting issuer i	n any jurisdiction of	Canada <sup>6</sup>				
Provide nar	me of reporting issue	er					
Wholly owned subsidiary o	f a foreign public iss	uer <sup>6</sup>					
	f foreign public issue						7
				4			
Issuer distributing only eligi	bie foreign securitie	s and the distributio	n is to permitted clien	ts only			
ents. Refer to the definitions of "e	eliaible foreian secui						
✓ If the issuer is none of the	-		. ,	he Instructions.			
If the issuer is none of the	above, check this	box and complete I	. ,	he Instructions.			
If the issuer is none of the a) Directors, executive officer rovide the following information for	rs and promoters	box and complete I of the issuer utive officer and pro	Item 9(a) - (c).  moter of the issuer. For	r locations within Canada, s	state the p	province	or
✓ If the issuer is none of the	rs and promoters	box and complete I of the issuer utive officer and pro	Item 9(a) - (c).  moter of the issuer. For	r locations within Canada, s	Relatio	province ponship to	) issue
If the issuer is none of the a) Directors, executive officerovide the following information for erritory; otherwise state the country	rs and promoters r each director, exect r. For "Relationship to	box and complete I  of the issuer  utive officer and proposissuer", "D" – Direct	moter of the issuer. For executive O	r locations within Canada, s fficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of	Relatio	onship to	) issue
If the issuer is none of the Directors, executive officer rovide the following information for the price of the state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the state the country is a state the country of the state the state the country is a state the country of the state the sta	rs and promoters r each director, exect r. For "Relationship to	box and complete I  of the issuer  utive officer and proposissuer", "D" – Direct	moter of the issuer. For executive O	r locations within Canada, s fficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of individual	Relatio	onship to	issue apply)
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If the issuer is none of the Directors, executive officer rovide the following information for the price of the state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the country is a state the country of the state the state the country is a state the country of the state the state the country is a state the country of the state the sta	rs and promoters r each director, exect For "Relationship to Family name Granleese	box and complete In the issuer  of the issuer  or issuer", "D" – Direct  First given name  William	moter of the issuer. For ctor, "O" – Executive O Secondary given names	r locations within Canada, s fficer, "P" – Promoter.  Business location of non-individual or residentail jurisdiction of individual  Province or country  British Columbia	Relation (selection	onship to	issue apply

within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" - Director, "O" - Executive Officer.

Organization or company name	Family name First given na		Secondary given names			ip to promoter both if applicable)	
		_		Province or country	D	0	

## Residential address of each individual

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.

## **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 Fu	Intrim Balanced Mortgage Fund Ltd.									
Full legal name	Granleese	R.									
	Family name	First given name	S	Secondary given names							
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@antrimi	nvestments.com							
Signature	"William Granleese"	2019	09 18								
			YYYY	MM DD							

ITEM 11- CONTACT F	PERSON				
, ,	· · · · ·	r the individual that the secu the individual certifying the	rities regulatory authority or report in Item 10.	regulator may	contact with any questions
Same as individua	I 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.