# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8165661

ITEM 1 - REPORT TYPE						
☐ New report	☐ New report					
Amended report If amended, provide filing date of report that is being amended 2017 04 07 (YYYY-MM-DD)						
ITEM 2 - PARTY CERTIFYING THI	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	.acas 2 iscosar e ana are comp	amen peney to the critical				
✓ Issuer (other than an investment of the sum of th	stment fund)					
Underwriter	, <b>,</b>					
ITEM 3 - ISSUER NAME AND OT	LIED IDENTIFIEDS					
Provide the following information about the		vestment fund, about the fund				
Full legal name						
Previous full legal name	7 William Balancoa World					
If the issuer's name changed in the last 12 months, provide most recent previous legal name.						
Website			l-1-)			
	www.antriminvestment					
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".						
Legal entity identifier						
If two or more issuers distributed a single s				<u>}.</u>		
Full legal name(s) of co-issuer(s) (if applicable)			ble)			
Item 4 - Underwriter Information						
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD numb	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				<u> </u>		
Country		Postal code/Zip code		j		
Telephone number	elephone 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 Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund					
Date of formation Financial year-end MM DD						
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions 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						
f) Net asset value (NAV) 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.

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

#### 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 03 28

End date 2017 04 04 YYYY MM DD

#### 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 \$	
			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	19.00	1.0000	1.0000	519,260.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	29.00	1.0000	1.0000	1,152,046.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	588.00	1.0000	1.0000	4,997,967.00

#### 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.

Convertible / exchangeable underlying security code security code		Y I (Canadian %) I		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)			
					Lowest	Highest			

## f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	318	4,233,274.00
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	11	110,762.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	305	2,312,237.00

British Columbia	13,000.00		
	6,669,273.00		
	Total number of unique purchasers <sup>2b</sup>	433	

<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 comp	ensated and regi	stration status							
Indicate whether the person cor	mpensated is a regis	trant.	☐ No	$\checkmark$	Yes				
If the person compensated is an	individual, provide	the name of the indiv	idual.						
Full legal name of indiv	ridual								
		Family name		First given na	ame	Secondary	given names		
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	Holliswealth Advi	sory Services	Inc.					
F	irm NRD number	3 4 0			(if a	oplicable)			
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 business o	ontact informa	tion of the p	person being c	ompensated.			
Street address									
Municipality				Р	rovince/Stat	e			
Country				Postal c	ode/Zip cod	е			
Email address				Telepl	hone numbe	er			
c) Relationship to issuer									
Indicate the person's relationshing the Instructions and the meaning	•		-			-	ed" in Part B(2) of		
Connect with the issu	er or investment fu	nd manager		Insider	of the issuer (	other than an inves	tment fund)		
Director or officer of the	he investment fund	or investment fund m	anager	Employ	ee of the issu	er or investment fur	nd manager		
None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, sur allocation arrangements with the Cash commissions page.	commissions, securit ch as clerical, printing the directors, officers	ies-based compensations, legal or accounting or employees of a non	on, gifts, discou services. An is:	nts or other suer is not r	compensation equired to ask	n. Do not report pay	ments for services		
Casii commissions pa		25.74			Security code 1	Security code 2	Security code 3		
Value of all securitie distributed as compensatio	-		Security codes						
Describe t	erms of warrants, o	ptions or other rights							
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa	id 1	25.74							
✓ Check box if the pe	rson will or may red	eive any deferred co	mpensation (de	escribe the	terms below)				
Holliswealth Advis Preferred Non-Vo Preferred Non-Vo	ting Shares, 1%	will receive an anr on Class B Series '	nual trailer fee B' Preferred N	paid mor lon-Voting	nthly in the a g Shares and	mount of 1/2% or d 0% on Class B	n Class A Series 'C'		
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excluding</u> c curities distribut	options, wai ed as comp	rrants or other pensation, <u>inc</u>	rights exercisable luding options, wari	to acquire ants or other		

a) Name of person compe	nsated and regis	tration	status										
Indicate whether the person comp	pensated is a regist	rant.			☐ No		$\checkmark$	Yes					
If the person compensated is an i	ndividual, provide t	he name	of the i	ndivi	dual.								
Full legal name of individ	lual												
		Family na	me			First	given r	name		Second	ary given	names	
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	Ltd.								
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 aı	n interne	t-based	portal.	□ N	0 🗸	Yes
b) Business contact inform	ation												
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide ti	he busin	ess co	ontact info	rmation	of the	person l	peing cor	mpensated.			
Street address													
Municipality							F	Province	e/State				
Country						Р	ostal o	code/Zi	p code				
Email address							Telep	hone 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 investment fund manager  Employee of the issuer or investment fund manager													
None of the above													
d) Compensation details													
Provide details of all compensation Canadian dollars. Include cash contincidental 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	nsatio nting	n, gifts, di: services. A	scounts ( In issuer	or othe	r compe required	nsation. ' to ask fo	Do not report	payment	ts for sei	rvices
Cash commissions paid	1	40.57						Security	code 1	Security code	2 Se	curity co	de 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	14	10.57											_
✓ Check box if the pers	on will or may rece	eive any	deferred	d con	npensatior	descr	ibe the	terms b	elow)				
Raymond James Lt Voting Shares, 1% Voting Shares.	d. will receive ar on Class B Serie	annua es 'B' Pi	l trailer eferrec	fee l Nor	paid mor n-Voting	thly in Shares	the ar	nount o	of 1/2% Class B	on Class A   Series 'C' P	Preferre	d Non-	-
<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 cod	es for all										r

a) Name of person compe	ensated and regis	tration stat	us								
Indicate whether the person com	npensated is a registi	rant.		☐ No		<b>√</b> \	<b>Yes</b>				
If the person compensated is an	individual, provide t	he name of	the indivi	dual.							
Full legal name of indivi	dual										
	i i	amily name		<b> </b>	First g	iven nan	ne		Secondary	given names	i
If the person compensated is not	t an individual, provi	de the follov	ving infor	mation.							
Full legal name	of non-individual	Echelon V	Vealth P	artners In	C.						
Fi	rm NRD number	3 2	2 4	2	0			(if appl	icable)		
Indicate whether the person com	pensated facilitated	the distribu	tion throu	ıgh a fundi	ng portal	or an i	nternet-	based p	oortal.	No ✓	Yes
b) Business contact inform	nation										
If a firm NRD number is not pro	vided in Item 8 (a), p	rovide the b	usiness co	ontact infor	mation o	f the pe	erson bei	ing com	pensated.		
Street address											
Municipality						Pro	ovince/	State			
Country					Pos	stal co	de/Zip	code			
Email address					Т	elepho	one nui	mber			
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 investmen	it fund ma	anager	☐ Er	mplove	e of the	issuer (	or investment fur	id manage	r
✓ None of the above				J		, ,				3	
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	ommissions, securitien h as clerical, printing e directors, officers of	es-based con g, legal or ac r employees	npensatio counting	n, gifts, dis services. Ai	counts or n issuer is	other c	compens quired to	ation. E o ask fo	Do not report pay	ments for s	ervices
Cash commissions pai	a	9.09				S	ecurity co	ode 1	Security code 2	Security c	ode 3
Value of all securities distributed as compensation			;	Security co	des						
Describe te	erms of warrants, op	tions or othe	er rights								
Other compensation	5		escribe								
Total compensation pai	d	9.09									
✓ Check box if the per	son will or may rece	eive any defe	erred con	npensation	(describe	e the te	erms bel	ow)			
Echelon Wealth Pa Non-Voting Shares Non-Voting Shares	s, 1% on Class B										rred
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities of	rity codes fo									er

a) Name of person comp	ensated and regis	tration sta	atus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		$\checkmark$	Yes				
If the person compensated is an	individual, provide t	he name o	f the indivi	idual.							
Full legal name of indiv	idual										
		Family name	<del></del>		First	given n	ame		Secondary	given names	;
If the person compensated is no	t an individual, provi	ide the follo	owing info	rmation.							
Full legal name	of non-individual	Haywood	d Securiti	es Inc.							
Fi	rm NRD number	1	6 3	0				(if appl	licable)		
Indicate whether the person con	npensated facilitated	the distrib	ution thro	ugh a fund	ing porta	al 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	business c	ontact info	rmation	of the p	person be	eing com	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					Po	ostal c	ode/Zip	code			
Email address						Telep	hone nu	ımber			
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		Employ	ee of the	issuer	or investment fur	d manage	r
None of the above											
d) Compensation details											
Provide details of all compensations of all compensations and compensations. Include cash concidental to the distribution, such allocation arrangements with the complete complete complete compensations are completely compensations.	ommissions, securition of as clerical, printing e directors, officers o	es-based co g, legal or o r employee	ompensatio accounting	on, gifts, di: services. A	scounts o In issuer	or other is not r	compen equired t	sation. L to ask fo	Do not report pay	ments for s	ervices
Cash commissions pa	ia	17.53					Security of	code 1	Security code 2	Security c	ode 3
Value of all securitie distributed as compensation	-		;	Security co	odes						
Describe to	erms of warrants, op	otions or ot	her rights								
Other compensation	1 <sup>5</sup>		Describe								
Total compensation pai	id	17.53									
✓ Check box if the per	rson will or may rece	eive any de	eferred cor	npensatior	n (descril	be the	terms be	elow)			
Haywood Securitie Voting Shares, 1% Voting Shares.	es Inc. will receive 6 on Class B Serie	an annua es 'B' Pref	al trailer f erred No	ee paid n n-Voting	nonthly Shares	in the and 0	amoun % on C	t of 1/29 lass B	% on Class A F Series 'C' Prefe	Preferred I erred Non-	Non-
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire accordance of the include deferred compa	er. Indicate the secu Iditional securities o	ırity 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	<b>Item 9(a) - (c).</b> 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	<b>Item 9(a) - (c).</b> 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)
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 In the issuer  of the issuer  utive officer and proposition issuer", "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  Province or country	Relation (select	onship to	issue apply)
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 Firs	First given name	Secondary given names	Residential jurisdiction of individual	Relationship to promoter (select one or 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 Fund Ltd.									
Full legal name	Granleese	R.								
	Family name	First given name		Second	ary given na	ames				
Title	Portfolio Manager									
Telephone number	6045302301	Email address	will@a	antriminves	tments.cc	om				
Signature	"William Granleese"	Date	201	9 09	04					
			YYY	Y MM	DD					

ITEM 11- CONTACT F	PERSON				
	ness contact information for this report, if different than t		3 ,	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
•	Family name	First given name	Secondary given names		_
Name of company					
Telephone number		Er	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.