Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8633371

ITEM 1 - REPORT TYPE												
✓ New report												
Amended report	f amended, provide	filing date of	f report that is	being ame	ended		(YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYIN	g the R eport											
Indicate the party certifying the rep Instrument 81-106 Investment Fun					estment fund, refe	er to section	ו 1.1 of National					
Investment fund issu			. ,									
✓ Issuer (other than an investment fund)												
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERSq												
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund. Full legal name Antrim Balanced Mortgage Fund Ltd.												
Previous full legal name												
If the issuer's name change	If the issuer's name changed in the last 12 months, provide most recent previous legal name.											
W	ebsite www.antrim	investments.	.com	(if applicable	e)							
If the issuer has a legal entity ident	ifier, provide below. Refe	er to Part B of the	e Instructions for t	the definition o	of "legal entity ide	ntifier".						
Legal entity ide	ntifier											
If two or more issuers distributed a	single security, provide t	he full legal nam	ne(s) of the co-issi	uer(s) other the	an the issuer nam	ed above.						
Full legal name(s) of co-iss	uer(s)			(if applicable	e)							
ITEM 4 - UNDERWRITER IN												
If an underwriter is completing the	report, provide the unde	rwriter's full lega	al name and firm	NRD number.								
Full legal name												
Firm NRD number			(if ap	plicable)								
If the underwriter does not have a	^E irm NRD number, provid	de the head office	e contact informa	ntion of the und	derwriter.							
Street address												
Municipality			Prov	/ince/State								
Country			Postal cod	e/Zip code								
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 2 9 9										
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 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 Province/State										
Municipality Postal code/Zip code										
Country Telephone number										
e) Date of formation and financial year-end										
Date of formation Financial year-end YYYY 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 name										
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
S100M to under \$500M	S500M to under \$1B	S1B 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 mana	ger 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	t most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income Balanced
Alternative strateg	ies Cryptoasset Other (describe)
Indicate whether one or bot	n of the following apply to the investment fund .
Invests primarily in	other investment fund issuers
Is a UCITs Fund ¹	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	nd financial year-end of the investment fund
Date of format	ion Financial year-end
	YYYY MM DD 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
	of Canada in which the investment fund is a reporting issuer.
	AB BC MB NB NL NT
	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
	licly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the ot a trading facility such as, for example, an automated trading system.
Exchange n	
f) Net asset value (NA	V) 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

pui cor	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)	(Curr	ency												
Sel	ect t	he c	urrency or curre	ncies i	n which the dis	tribution	was made.	All dollar amounts provid	ded in	the report i	nust be	e in Canadi	an dollars.		
\checkmark	Ca	nac	lian dollar		US dollar		Euro	Other (describ	be)						
b)	٦	Distr	ibution date(s))											
as	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 2018 10 10 End date 2018 10 17														
			St	art da	^{te} 2018	10	10	End da	ate	2018	10	17			
					YYYY	MM	DD			YYYY	MM	DD			
c)	c) Detailed purchaser information														
Са	mp	lete	e Schedule 1 a	of this	s form for ea	ch purcl	haser and	d attach the schedule	e to th	ne comple	ted re	eport.			
d)	٦	уре	es of securities	s distr	ibuted										
	Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.														
Canadian \$;			
	ecuri code		CUSIP number (if applicable)		Description of security			Number of securities		Single or lowest price		hest price	Total amount		
Р	R	s		Clas Sha	ss A Preferre res	ed Non-	Voting	1,759,500.0	0	1.0000)		1,759,500.00		
Ρ	R	s			ss B Series ' -Voting Sha		erred	1,751,883.0	0	1.0000)		1,751,883.00		
Ρ	R	s			ss B Series ' -Voting Sha		ferred	2,112,655.0	0	1.0000)		2,112,655.00		
e)	E	Deta	ails of rights an	d cor	nvertible/exch	angeabl	e securiti	es					-		
								rcise price and expiry dat r terms for each convertil					exchangeable securities		
e>	chai	ertibl ngea ty co				cise price adian \$) Hig	ghest	Expiry date (YYYY- MM-DD)		version atio	Des	Describe other items (if applicable)			
f)	S	umi	mary of the dis	stribut	tion by jurisdie	ction and	d exempti	on							
pu dis The pu jur	 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			Exe	emption relie	ed on		ber of unique	9 ^{2<u>9</u>}	Total a	mount (Canadian \$)		
			Alberta		NI 45-106 2 (AB, SK, O			g memorandum]			10		405,000.00		
	E	Briti	sh Columbia		,		,	nds and business			1		500,000.00		
	E	Briti	sh Columbia		NI 45-106 2 NL)	2.9(1) [C	Offering I	memorandum] (BC,			69		3,245,642.00		

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	49	1,235,496.00							
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	237,900.00							
	Total dollar amount of	f securities distributed	5,624,038.00							
	Total number of unique purchaser	s ² b 119								
^{2b} In calculating the too the issuer distributed	mber of unique purchasers per row, count each purchaser only once al number of unique purchasers to which the issuer distributed secu multiple types of securities to, and relied on multiple exemptions fo	ırities, count each purchas								
g) Net proceeds t	o the investment fund by jurisdiction									
purchaser resides. ³ If a	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. ³ 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)		Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATION INFORMATION
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 No

✓ Yes

If yes, indicate number of persons compensated.

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a) Name of person comp	pensated and regis	stration	status											
Indicate whether the person co	mpensated is a regist	rant.		[No		\checkmark	Yes						
If the person compensated is ar	n individual, provide	the nam	e of the i	individi	ual.									
Full legal name of indiv	vidual													
		Family na	ame			First	t given n	ame		Seco	ondary g	iven nar	nes	
If the person compensated is no	ot an individual, prov	ide the f	ollowing	inforn	nation.									
Full legal name	of non-individual	Raym	ond Jar	nes Li	td.									
F	irm NRD number	8	2	4	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	ovided in Item 8 (a), p	orovide t	he busin	ess cor	ntact info	rmation	of the	person b	eing com	pensated.				
Street address														
Municipality							Р	rovince	e/State					
Country				Ρ	ostal c	code/Zi	p code							
Email address							Telep	hone n	umber					
c) Relationship to issuer	or investment fun	d mana	iger							<u> </u>				
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.														
Connect with the issu	-							-		er than an	investr	ment fu	ind)	
Director or officer of t	he investment fund	or invest	ment fur	nd mar	nager		Employ	vee of th	e issuer (or investme	ent fund	d mana	ger	
✓ None of the above					0								0	
d) Compensation details														
Provide details of all compensation details	tion paid, or to be pa													
incidental to the distribution, su	ch as clerical, printin	g, legal o	or accoui	nting s	ervices. A	n issuer	is not i	required	to ask fo					
allocation arrangements with th			yees of a	non-ir	ndividual	comper	nsated Ł	by the is	suer.					
Cash commissions pa	aid	85.62					_	Security	code 1	Security co	ode 2	Securit	ty code	e 3
Value of all securitie distributed as compensatio				S	ecurity co	des								
	erms of warrants, or	otions or	other rig	ghts										
Other compensatio	n ⁵		Desc	ribe										
Total compensation pa	nid	35.62		L										
✓ Check box if the period	erson will or may rec	eive any	deferre	d comp	pensation	(descr	ibe the	terms b	elow)					
	Ltd. will receive an % on Class B Serie													
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity coa	les for al											_

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person cor	npensated is a regist	rant.			No		\checkmark	Yes						
If the person compensated is an	individual, provide	the name	e of the i	ndivid	lual.									
Full legal name of indiv	idual													
		Family na	ame			First	t given n	ame	I	Sec	ondary g	given nan	nes	
If the person compensated is no	t an individual, prov	ide the f	ollowing	inforn	mation.									
Full legal name	of non-individual	Indust	rielle All	liance	e Valeurs	s Mobil	lieres							
Fi	rm NRD number	1	5	4	0	0			(if app	olicable)				
Indicate whether the person cor	npensated facilitated	l the dist	ribution	throug	gh a fundi	ng port	al or an	n interne	et-based	portal.] No	\checkmark	Yes
b) Business contact infor	mation													
If a firm NRD number is not pro	vided in Item 8 (a), J	orovide t	he busine	ess co	ntact infor	mation	of the	person l	being coi	mpensated.				
Street address														
Municipality							Р	rovinc	e/State					
Country						Р	ostal c	code/Zi	p code					
Email address							Telep	hone r	number					
c) Relationship to issuer or investment fund manager														
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.														
	-			106 10	or the purp			-						
Connect with the issu	er of investment fur	u mana	Jei				Insider	or the is	ssuer (or	her than ar	mvest	nent tu	nu)	
Director or officer of th	ne investment fund o	or invest	ment fun	nd ma	nager		Employ	vee of th	ne issuer	or investm	ent fun	d mana	ger	
✓ None of the above														
d) Compensation details														
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-basea g, legal o	l compen or accour	satior nting s	n, gifts, dis services. Al	counts n issuer	or othei r is not i	r compe required	ensation. I to ask fe	Do not repo	ort payr	nents fo	or serv	rices
Cash commissions pa	id	5.88						Security	voodo 1	Security c	odo 2	Securit	w oode	2
Value of all securitie	<u>د</u>			_			_	Security		Security C		Securi	.y coue	; 3
distributed as compensatio	-			S	ecurity co	des								
Describe to	erms of warrants, or	otions or	other rig	hts										
Other compensation	٦ ⁵		Desci	ribe										
Total compensation pa	id	5.88												
✓ Check box if the pe	rson will or may rec	eive any	deferred	d com	pensation	(descr	ibe the	terms b	oelow)					
Industrielle Alliand Preferred Non-Vo Preferred Non-Vo	ting Shares, 1% o													
additional securities of the issu rights exercisable to acquire ad	Preferred Non-Voting Shares. ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.													

a) Name of person comp	ensated and regis	stration	status												
Indicate whether the person co	mpensated is a regist	rant.			No		\checkmark	Yes							
If the person compensated is ar	n individual, provide	the nam	e of the l	individ	lual.										
Full legal name of indiv	ridual														
		Family n	ame			First	t given n	ame			Sec	ondary g	jiven na	ames	
If the person compensated is no	ot an individual, prov	ide the j	following	inforr	nation.										
Full legal name	of non-individual	PI Fin	ancial											-	
F	irm NRD number	5	2	9	0				(if ap	oplica	ble)				
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), j	provide	the busin	iess co	ntact info	rmation	of the	person	being co	ompe	nsated.				
Street address															
Municipality							Р	rovinc	e/State	э [
Country						Ρ	ostal c	code/Z	ip code	e [
Email address	Email address								numbe	r [
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 "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.															
Connect with the issu	-				F - F			-	ssuer (d		than ar	n invest	ment f	und)	
Director or officer of t	he investment fund	or inves	tment fu	nd ma	nager		Employ	vee of th	ne issue	er or i	nvestm	ent fun	d man	ager	
✓ None of the above					linggor		Linploy		10 10000		in ooun		a man	ugoi	
d) Compensation details															
Provide details of all compensat	ion naid or to be na	id to the	e nerson	identit	fied in Iten	2 8(a) ir	n conne	ction w	ith the c	distrik	oution l	Provide	all am	ounts	: in
Canadian dollars. Include cash o	commissions, securiti	es-base	d comper	nsatior	n, gifts, dis	counts	or othe	r compe	ensation	n. Do l	not repo	ort payı	ments (for sei	rvices
incidental to the distribution, su allocation arrangements with th										for d	etails al	bout, or	report	on, ii	nternal
Cash commissions pa		55.67	,			,		-				0	0		4- 0
Value of all securitie							-	Security	/ code 1	5	ecurity c		Secur	rity coo	de 3
distributed as compensatio	-			S	Security co	des	L						Ĺ		
Describe t	erms of warrants, or	otions o	r other rig	ghts											
Other compensatio	n ⁵	55.67	Desc	ribe											
Total compensation pa	id														
✓ Check box if the period	rson will or may rec	eive any	/ deferre	d com	pensation	(descr	ibe the	terms l	pelow)						
PI Financial will re Shares, 1% on Cl Shares.															
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	ier. Indicate the sec dditional securities d	urity cod	des for al												η r

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person cor	npensated is a regist	rant.		[No		\checkmark	Yes					
If the person compensated is an	individual, provide	the nam	e of the in	dividu	ual.								
Full legal name of indiv	idual										 		
Family name First given name Secondary given names													
If the person compensated is no	t an individual, prov	ide the f	following i	nform	nation.								
Full legal name	Full legal name of non-individual Echelon Wealth Partners Inc.												
Firm NRD number 3 2 4 2 0 (if applicable)													
Indicate whether the person cor	npensated facilitated	I the dist	tribution t	hroug	h a fundi	ng port	al or an	interne	et-based p	oortal.] No	\checkmark	Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	vided in Item 8 (a), J	orovide t	the busine	ss con	ntact infor	mation	of the	person l	being con	npensated.			
Street address													
Municipality							Р	rovince	e/State		 		
Country						Р	ostal c	ode/Zi	p code				
Email address							Telep	hone n	umber				
c) Relationship to issuer	or investment fun	d mana	iger										
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			-	1 -	agar					or investm			
				i man	lagei		спроу		le issuel	or investin	u mana	gei	
	✓ 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.							ices						
Cash commissions pa		2.74					_	-		0 "			0
Value of all securitie	<u> </u>						-	Security	code i	Security co	Securi	ty code	33
distributed as compensatio	-			Se	ecurity co	des							
Describe to	erms of warrants, or	otions or	other rigl	nts									
Other compensation	٦ ⁵		Descri	be									
Total compensation paid 2.74													
Check box if the person will or may receive any deferred compensation (describe the terms below)													
Echelon Wealth Partners Inc. will receive an annual trailer fee paid monthly in the amount of ½% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.													
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.													

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.									
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).									
Reporting issuer in any juris	Reporting issuer in any jurisdiction of Canada								
Foreign public issuer									
Wholly owned subsidiary of	a reporting issuer in	n any jurisdiction of	Canada ⁶						
Provide name of reporting issuer									
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer ⁶								
Provide name o	f foreign public issue	er]	
Issuer distributing only eligi	ble foreign securities	s and the distributio	n is to permitted clie	nts only7				_	
If the issuer is at least one of the	above, do not com	plete 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. If the issuer is none of the above, check this box and complete Item 9(a) - (c). 									
a) Directors, executive officers and promoters of the issuer									
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or									
territory; otherwise state the country	. For "Relationship to I	o issuer", "D" – Direc	ctor, "O" – Executive						
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	dual or ntail Relation on of (selection		onship to issuer ct all that apply)		
				Province or country		D	0	Р	
	Granleese	William		British Columbia		✓	✓		
	Granleese	William	R.	British Columbia		✓			
	Dyck	Victor		British Columbia		✓			
	Worsnup	Christopher	Gavin	British Columb	ia	✓			
b) Promoter information									
If the promoter listed above is not ar within Canada, state the province or									
Organization or company name	Family name	First given name	Secondary given Jurisdiction of select o				nship to promoter or both if applicable)		
				Province or D			0		

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	William	F	R.			
	Family name	First given name		Secondary given names			
Title	Portfolio Manager						
Telephone number		Email address					
Signature	William R. Granleese	Date	2018	3 10	19		
		_	YYYY	MM	DD		

ITEM 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 individual 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.