Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8687129

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that is being	amended	(YYYY-MM-DD)	
ITEM 2 - PARTY CERTIFYING TH	e Report				
Indicate the party certifying the report (see Instrument 81-106 Investment Fund Cont			an investment fund, refer to	section 1.1 of National	
☐ Investment fund issuer	indous Disclosure and the comp	umon policy to 141 of 100.			
✓ Issuer (other than an investigation)	stment fund)				
Underwriter	, , , , , , , , , , , , , , , , , , ,				
Item 3 - Issuer Name and O	THE IDENTIFIED				
Provide the following information about to		vestment fund, about the f	und		
Full legal name			ma.		
Previous full legal name		age i una Lta.			
-					
If the issuer's name changed in th					
Website	www.antriminvestment	s.com (if app	plicable)		
If the issuer has a legal entity identifier. pr	rovide below. Refer to Part B of t	he Instructions for the defi	nition of "legal entity identific	er".	
Legal entity identifier					
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issuer(s) or	her than the issuer named a	bove.	
Full legal name(s) of co-issuer(s)		(if app	olicable)		
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD nu	mber.		
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/S	tate		
Country		Postal code/Zip o	ode	_	
Telephone number		Web	esite	(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 mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.					
Exploration Development Production					
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					
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 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.					
h) Size of issuer's assets					
, , , , , , , , , , , , , , , , , , , ,					

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State 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)					
	h of the following apply to the investment fund .					
	n other investment fund issuers					
☐ Is a UCITs Fund¹						
¹ Undertaking for the Collec (EU) directives that allow co	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 and financial year-end of the investment fund						
Date of formation Financial year-end 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					
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.					
AII	AB BC MB NB NL NT					
□ NS □	NU ON PE QC SK T					
e) Public listing status	s of the investment fund					
If the investment fund has a	CUSIP number, provide below (first 6 digits only)					
	CUSIP number					
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.					
Exchange n						
f) Net asset value (NA	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 S500M to under \$1B S1B or over Date of NAV calculation: YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

_ 1	.	
a) Curr	ency

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 2018 12 05

End date 2018 12 12 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 \$					
	ecuri code	*				Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
Р	R	S		Class A Preferred Non-Voting Shares	861,871.00	1.0000	1.0000	861,871.00			
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	1,101,348.00	1.0000	1.0000	1,101,348.00			
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	7,064,857.00	1.0000	1.0000	7,064,857.00			

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.

exch	Convertible / exchangeable security code		Underlying security code				•		ise price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest					

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	6	367,248.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	2	503,000.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	119	4,407,773.00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	54	1,153,666.00
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	7	2,589,273.00
Saskatchewan	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	7,116.00
	9,028,076.00		
	Total number of unique purchasers ^{2b}	172	

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

TEM 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 ✓ Yes If yes, indicate number of persons compensated. 5

a) Name of person compen	nsated and regis	tration s	tatus								
Indicate whether the person comp	Indicate whether the person compensated is a registrant. No Yes										
If the person compensated is an i	ndividual, provide t	he name	of the indi	ividual.							
Full legal name of individ	lual										
		amily nan	ne		First	given na	ame		Secondary	given names	
If the person compensated is not	an individual, provi	de the fol	lowing inf	ormation.							
Full legal name of	f non-individual	Raymor	nd James	s Ltd.							
Firr	n NRD number	8	2 4	4 0				(if appl	icable)		
Indicate whether the person comp	pensated facilitated	the distri	bution thr	ough a fund	ling porta	ıl or an	internet-	-based p	oortal.] No ✓	Yes
b) Business contact inform	b) Business contact information										
If a firm NRD number is not provi	ided in Item 8 (a), p	rovide the	e business	contact info	ormation (of the p	erson be	ing com	pensated.		
Street address											
Municipality						Pr	ovince/	'State			
Country					Po	ostal co	ode/Zip	code			
Email address						Teleph	none 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 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 con incidental to the distribution, such allocation arrangements with the	mmissions, securitie as clerical, printing directors, officers o	es-based of g, legal or r employe	compensat accountin	tion, gifts, d ng services. I	scounts o An issuer i	r other is not re	compens equired t	sation. L o ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	1;	33.69				8	Security c	ode 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation ⁴	ı			Security of	odes						
Describe ter	ms of warrants, op	tions or c	ther rights	S							
Other compensation ⁵			Describe	e							
Total compensation paid	13	33.69									
✓ Check box if the pers	on will or may rece	eive any c	leferred co	ompensatio	n (descrit	oe the to	erms be	low)			
Raymond James Ltd. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compen	r. Indicate the secu litional securities o	ırity code.	s for all se								er

a) Name of person compe	ensated and regis	tration stat	us								
Indicate whether the person com	npensated is a regist	rant.		☐ No		✓ \	Yes				
If the person compensated is an	individual, provide t	he name of t	he indivi	dual.							
Full legal name of indivi	dual										
		Family name			First gi	iven nan	me		Secondary	given names	
If the person compensated is not	t an individual, prov	ide the follow	ving infor	rmation.							
Full legal name	of non-individual	Industrielle	e Allianc	ce Valeurs	Mobilie	res					
Fir	m NRD number	1 5	4	0	0		(if appli	cable)		
Indicate whether the person com	npensated facilitated	the distribut	tion throu	ugh a fundi	ng portal	or an ii	nternet-b	ased p	ortal.	No ✓	Yes
b) Business contact information											
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the bu	usiness co	ontact infor	mation o	f the pe	erson beir	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	state			
Country]	Pos	stal co	de/Zip d	ode			
Email address					Т	elepho	one num	nber			
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	✓ None of the above										
d) Compensation details											
Provide details of all compensations and compensations and compensations are considered as a compensation of the distribution, such allocation arrangements with the	ommissions, securition h as clerical, printing e directors, officers o	es-based com g, legal or acc r employees	npensatio counting	on, gifts, dis services. A	counts or n issuer is	other c	compensa quired to	ition. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	a	18.20				S	ecurity cod	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			,	Security co	des						
Describe te	erms of warrants, op	otions or othe	er rights								
Other compensation	5	D	escribe								
Total compensation pai	d	18.20									
	son will or may rece	eive any defe	erred con	npensation	(describe	e the te	erms belo	w)			
Industrielle Alliance Valeurs Mobilieres will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire an ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes fo									er

a) Name of person comp	ensated and regis	stration sta	atus								
Indicate whether the person cor	npensated is a regist	rant.		☐ No		✓ Y	⁄es				
If the person compensated is an	individual, provide	the name of	the indivi	dual.							
Full legal name of indiv	idual										
		Family name			First gi	ven nam	ne		Secondary (jiven names	
If the person compensated is no	t an individual, prov	ide the follo	wing info	rmation.							
Full legal name	of non-individual	Echelon \	Wealth P	artners In	C.						
Fi	irm NRD number	3	2 4	2	0		(it	f applic	able)		
Indicate whether the person cor	npensated facilitated	the distribu	ution thro	ugh a fundi	ng portal	or an ir	nternet-bo	ased po	rtal.	No ✓	Yes
b) Business contact infor	b) Business contact information										
If a firm NRD number is not pro	ovided in Item 8 (a), ¡	provide the l	business c	ontact infor	mation of	f the pe	erson being	д сотр	ensated.		
Street address											
Municipality						Pro	ovince/St	ate			
Country]	Pos	stal cod	de/Zip co	ode			
Email address					Т	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 investment fund or investment fund manager											
✓ None of the above											
d) Compensation details											
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, suc allocation arrangements with the	commissions, securiti ch as clerical, printin e directors, officers o	es-based co g, legal or a or employees	mpensatio ccounting	on, gifts, dis services. Ai	counts or n issuer is	other co	ompensat quired to d	tion. Do	not report payı	ments for se	ervices
Cash commissions pa		31.89				Se	ecurity cod	e 1 :	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio	-		;	Security co	des						
Describe to	erms of warrants, op	otions or oth	ner rights								
Other compensation	n ⁵		Describe								
Total compensation pa	id	31.89									
✓ Check box if the pe	rson will or may rec	eive any de	ferred cor	npensation	(describe	e the te	rms belov	w)			
Echelon Wealth P Non-Voting Share Non-Voting Share	s, 1% on Class B										rred
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	ier. Indicate the secuditional securities d	urity codes i	for all sec								er

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No		✓ Y	'es			
If the person compensated is an	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	/idual								
		Family name		First gi	iven nam	ne	Secondary	given names	
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	PI Financial							
F	irm NRD number	5 2 9	0			(if ap	pplicable)		
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a fund	ing portal	or an ir	nternet-based	d portal.	No ✓ Ye	es
b) Business contact information									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	ontact info	rmation o _l	f the pe	rson being co	ompensated.		_
Street address									
Municipality					Pro	vince/State)		
Country			1	Pos	stal co	de/Zip code			٦
Email address				Т	elepho	one numbe	r		
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)									
Connect with the issuer of investment fund manager insider of the issuer (other than an investment fund)									
Director or officer of t	the investment fund	or investment fund m	anager	L En	nployee	e of the issue	er or investment fur	d manager	
None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the Cash commissions page 1.	commissions, securit ich as clerical, printi ne directors, officers	ies-based compensati ng, legal or accounting	on, gifts, dis g services. A	scounts or In issuer is	other co	ompensation Juired to ask	. Do not report pay	ments for service	
·		0.55			Se	ecurity code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation			Security co	odes					
Describe t	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	0.55							
✓ Check box if the pe	erson will or may red	ceive any deferred co	mpensatior	n (describe	e the te	rms below)			
PI Financial will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.									
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 additional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	i <u>ng</u> options ributed as	s, warra compe	ants or other ensation, <u>incl</u>	rights exercisable uding options, warr	o acquire ants or other	

a) Name of person comp	ensated and regis	stration stat	tus								
Indicate whether the person cor	mpensated is a regist	rant.		☐ No		\checkmark	Yes				
If the person compensated is an	individual, provide	the name of	the individ	lual.							
Full legal name of indiv	ridual										
		Family name			Firs	t given n	ame		Secondary	given name	s
If the person compensated is no	ot an individual, prov	ide the follov	ving infori	mation.							
Full legal name	of non-individual	Questrade	e Inc.								
F	irm NRD number	9 7	7 3	0				(if app	licable)		
Indicate whether the person cor	mpensated facilitated	the distribu	tion throu	gh a fund	ing port	al or an	internet	:-based ¡	portal.	No [✓ Yes
b) Business contact information											
If a firm NRD number is not pro	ovided in Item 8 (a), ¡	provide the b	usiness co	ntact info	rmation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					Р	ostal c	ode/Zip	code			
Email address						Telep	hone nu	umber			
c) Relationship to issuer	c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issu	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 of the investment fund or investment fund manager										
None of the above											
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions pa	commissions, securiti ch as clerical, printin ne directors, officers o	es-based con g, legal or ac r employees	npensation counting	n, gifts, di services. A	scounts An issuer	or othei is not i	compen	nsation. I to ask fo	Do not report pay	ments for :	services
Casii commissions pa		3.70					Security of	code 1	Security code 2	Security	code 3
Value of all securitie distributed as compensatio	-		S	Security co	odes						
Describe t	erms of warrants, op	otions or other	er rights								
Other compensation	n ⁵		Describe								
Total compensation pa	id	3.70									_
✓ Check box if the pe	rson will or may rec	eive any def	erred com	pensatio	n (descr	ibe the	terms be	elow)			
Questrade Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	ier. Indicate the secu dditional securities d	urity codes fo	mpensatio or all secu	n, <u>exclud</u> urities dist	ing option	ons, wa as com	rrants or pensatio	other ri _i n, <u>includ</u>	ghts exercisable a ding options, warr	o acquire ants or oti	- her

TEM 9 - DIRECTORS, EXECU	FEM 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 o	f the following (select	t the one that applie	es - if more than one	applies, select only one).						
Reporting issuer in any jurisdiction of Canada										
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public issu	uer ⁶					_			
	f foreign public issue						٦			
Issuer distributing only eligi			n is to permitted clien	ote only ⁷						
If the issuer is at least one of the	-			•						
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 officer	s and promoters o	of the issuer								
Provide the following information for territory; otherwise state the country					state the	province	or			
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual						
				Province or country	D	0	Р			
	Granleese	William		British Columbia	✓	✓				
	Granleese	William	R.	British Columbia						
	Worsnup	Christopher	Gavin	British Columbia	✓					
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or										
				Residential Re	lationship	to promo	oter			

Organization or company name	Family name F	First given name	Secondary given names	Residential jurisdiction of individual		p to promoter both if applicable)
				Province or country	D	0

c) 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	Secondary given names									
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@antriminvestments.com								
Signature	William R. Granleese	2018 12 14									
			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 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.