# Form 45-106F1 Report of Exempt Distribution

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE				
New report     Amended report If amen	nded, provide filing date	of report that is being am	nended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING THE	REPORT			
Indicate the party certifying the report (sele National Instrument 81-106 Investment Fu				ection 1.1 of
Investment fund issuer				
✓ Issuer (other than an invest	stment fund)			
Item 3 - Issuer Name and Ot				
Provide the following information about th		vestment fund, about the fund.		
Full legal name	Antrim Balanced Morte			
Previous full legal name				
If the issuer's name changed in	the last 12 months provide m	ost recent previous legal name		
Website	www.antriminvestment	-	(if applicable)	
If the issuer has a legal entity identifier, pro Legal entity identifier	Svide below. Refer to Part B of t		oj legal entity taentifier	
ITEM 4 - UNDERWRITER INFORM	IATION			
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm National Reg	gistration Database (NRD	) number.
Full legal name				
Firm NRD number		(if applicable)		
If the underwriter does not have a firm NR.	D number, provide the head of	fice contact information of the u	nderwriter.	
Street address				
Municipality		Province/State		
Country		Postal code/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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool</b> .
NAICS industry code522299
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.
Mortgages Real estate Commerial/business debt Consumer debt Private companies
b) Number of employees
Number of employees:         Image: O - 49         Image: 50 - 99         Image: 100 - 499         Image: 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
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.
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.
Exchange name(s):
h) Size of issuer's assets
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 \$1B or over

ITEM 6 - INVESTMEN	t Fund Issuer Information
If the issuer is an invest	tment fund, provide the following information.
a) Investment fund m	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund ma	nager 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 investmen	t fund
Type of investment fund the	at most accurately identifies the issuer (select only one) .
Money market	Equity Fixed income
Balanced	Alternative strategies 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 Fund <sup>1</sup>	ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU)
directives that allow collecti	ve investment of transferable securities tands (och's runds) are investment tands regulated by the European onion (EO) ve 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 forma	tion Financial year-end MM DD MM DD
d) Reporting issuer s	tatus of the investment fund
Is the investment fund a rep	porting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes
If yes, select the jurisdictions	of Canada in which the investment fund is a reporting issuer.           AB         BC         MB         NB         NL         NT
	s of the investment fund
If the investment fund has a	a CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for I for and received a listing, which excludes, for example, automated trading systems.
Exchange nam	les
f) Net asset value (NA	AV) of the investment fund
-	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M
\$100M to under \$50	
	YYYY MM DD

ITEM	7	- ]	[NF	ORMATION	ABOUT THE		ON							
purc	nas	ers i	resid	dent in that juri	diction of Canad	s a distribution in la only. Do not inc provided in Item 7	lude in Ite	em 7 securitie	es issued	as payn	nent of cor	mmissions or find	er's fees, which	
a)	С	urr	enc	у										
Selec	t tł	ne ci	ırre	ncy or currencie	es in which the di	stribution was ma	de. All doi	llar amounts	provided	l in the r	eport mus	st be in Canadian	dollars.	
$\checkmark$	0	Can	adia	an dollar	US dollar	🗌 Eur	0	Other	(describ	e)				
b)				tion date(s)										
as l	oti	h th	e sta	art and end date eriod covered by	es. If the report is	e report is being fi being filed for sec 7 08 15 MM DD	ourities dis			ous basi ate 2	s, include 017	•		date
C)	D	eta	ilec	l purchaser in	formation									
Com	ple	ete	Sch	edule 1 of th	is form for ea	ch purchaser a	nd attac	h the sche	dule to	the co	mpleted	report.		
d)	Т	уре	es c	of securities di	stributed									
Ins dis	tru trik	ctio	ns fe d. T	or how to indico he information	te the security co	butions that take ode. If providing th 7d must reconcile	e CUSIP r	umber, indic	cate the f	ull 9-dig	it CUSIP r	number assigned	to the security l	
		ecurit code		CUSIP number (if applicable)	Desc	ription of security		Numbe		lo	ngle or owest price	Highest price	Total amour	nt
	Ρ	R	s		Class A Pref Shares	Class A Preferred Non-Voting 5.00 1.0000 1.0000					577,498.00			
	Ρ	R	s		Class B Serie Voting Share	es 'B' Preferre es	d Non-		32.0	0	1.0000	1.0000	1,052,97	9.00
	Ρ	R	s		Class B Serie Voting Share	es 'C' Preferre es	d Non-		20.0	0	1.0000	1.0000	680,18	8.00
e)				-		hangeable secu								
						ibuted, provide the and describe any							changeable sec	curities
		Secu coc	rity	Underlying security code	Exerci	se price Idian \$)	Expi	ry date - MM-DD)	Conve rat	rsion	-	ibe other items (if a	pplicable)	
			<b>—</b>		Lowest	Highest								
f)				-		liction and exem	-		<u> </u>					
pu dis Thi pu jur	rib s to chi sdi	aser outio able aser ctio	res n in req res n.	ides and for eac a jurisdiction c uires a separate ides, if a purcha	h exemption relie f Canada, includ line item for: (i) ser resides in a ju	ributed and the nu ed on in Canada fo e distributions to p each jurisdiction v urisdiction of Cana ince or territory, o	or that dis ourchasers where a pu oda, and (i	tribution. Ho s resident in t ırchaser resid ii) each exen	wever, if that juriso des, (ii) eo nption rel	an issue diction c ach exen	er located of of Canada option reli	outside of Canado only. ed on in the juriso	a completes a diction where a	,
			F	Province or country		Exemption	n relied on				per of asers	Total amour	nt (Canadian \$)	
		В	ritis	sh Columbia	(BC, NL)		-				41		1,998,665	.00
				Ontario		6 2.9(2.1) [Off ON, QC, NB,		emorandu	um]		16		312,000	.00
							Total dol	lar amount	of secur	ities di	stributed		2,310,665	.00
21					her of unique pu			ique purch			49			

<sup>2</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.

#### 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.<sup>3</sup> 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>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)

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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No Ves If yes, indicate number of persons compensated.
a) Name of person compensated and registration status
Indicate whether the person compensated is a registrant. Indicate whether the person compensated is a registrant.
If the person compensated is an individual, provide the name of the individual.
Full legal name of individual
Family name First given name Secondary given names
If the person compensated is not an individual, provide the following information.
Full legal name of non-individual Raymond James Ltd.
Firm NRD number 8 2 4 0 (if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.
b) Business contact information
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.
Street address
Municipality Province/State
Country     Postal code/Zip code
Email address   Telephone 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.
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 paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.
Cash commissions paid       71.97         Security codes       Security code 1         Security code 2       Security code 3
Value of all securities distributed as compensation <sup>4</sup>
Describe terms of warrants, options or other rights
Other compensation <sup>5</sup> Describe
Total compensation paid 71.97
Check box if the person will or may receive any deferred compensation (describe the terms below)
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.
<sup>4</sup> 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.

<sup>5</sup>Do not include deferred compensation.

a) Name of person com	pensated and registration status	
Indicate whether the perso	n compensated is a registrant. 🗌 No 📝 Yes	
If the person compensated is	an individual, provide the name of the individual.	
Full legal name of indiv	ridual	
	Family name         First given name         Secondary given names	
If the person compensated	s not an individual, provide the following information.	
Full legal name	of non-individual Echelon Wealth Partners Inc.	
F	irm NRD number 3 2 4 2 0 (if applicable)	
Indicate whether the persor	compensated facilitated the distribution through a funding portal or an internet-based portal.	
b) Business contact info		
If a firm NRD number is not	provided in Item 8 (a), provide the business contact information of the person being compensated.	
Street address		
Municipality	Province/State	
Country	Postal code/Zip code	
Email address	Telephone number	
		_
	or investment fund manager ship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part	
	the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	
Connect with the issu	er or investment fund manager Insider of the issuer (other than an investment fund)	
Director or officer of	he investment fund or investment fund manager Employee of the issuer or investment fund manager	
✓ None of the above		
d) Compensation details		
Canadian dollars. Include cas services incidental to the dist	ation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in h commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for ibution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report ements with the directors, officers or employees of a non-individual compensated by the issuer.	
Cash commissions p	aid 24.66 Security codes Security code 1 Security code 2 Security code 3	
Value of all securiti		
distributed compensatio		
Describe	erms of warrants, options or other rights	
Other compensation	n <sup>5</sup> Describe	
Total compensation pa	id 24.66	
Check box if the pe	rson will or may receive any deferred compensation (describe the terms below)	
	Partners Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred es, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred es.	
additional securities of the is	e of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire suer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other additional securities of the issuer. npensation.	

a) Name of person com	pensated and reg	istration status						
Indicate whether the perso	n compensated is a	registrant.	No No	✓ Yes				
If the person compensated is	an individual, provi	de the name of the ind	ividual.					
Full legal name of indiv	/idual							
	Fa	mily name	First given	name	Secondary	given names		
If the person compensated i	s not an individual,	provide the following ir	nformation.					
Full legal name	of non-individual	PI Financial						
F	irm NRD number	5 2 9	0		(if applicable	)		
Indicate whether the person	compensated facili	tated the distribution th	nrough a funding p	ortal or an inter	net-based por	tal.	] No 🗔	Yes
b) Business contact info	rmation							
If a firm NRD number is not	orovided in Item 8 (d	a), provide the business	contact informatio	n of the person	being comper	isated.		
Street address								
Municipality				Province	/State			
Country			-   Po	ostal code/Zip	code			
Email address			-	Telephone nu	umber			
c) Relationship to issuer	or investment fu	nd manager						
Indicate the person's relation B(2) of the Instructions and th							cted" in Pa	rt
Connect with the issu				nsider of the iss			ment fund	)
Director or officer of t	he investment fund	or investment fund ma	anager 🗆 E	Employee of the	e issuer or inve	estment fun	d manage	r
$\checkmark$ None of the above			° L				0	
d) Compensation details								
Provide details of all compens Canadian dollars. Include cas services incidental to the distr on, internal allocation arrang	sation paid, or to be h commissions, secu ibution, such as cler	rities-based compensatical, printing, legal or a	tion, gifts, discounts accounting services.	s or other comp An issuer is not	ensation. Do n t required to a	ot report po sk for detail	ayments fo	r
Cash commissions pa	aid	5.48	Security codes	Security of	code 1 Secu	rity code 2	Security of	code 3
Value of all securitie distributed a			-					
compensatio								
Describe	erms of warrants, c	pptions or other rights						
Other compensatio	n⁵	Describe						
Total compensation pa	id	5.48						
Check box if the pe	rson will or may ree	ceive any deferred con	npensation (descri	be the terms be	elow)			
		trailer fee paid mon Preferred Non-Votin						
<sup>4</sup> Provide the aggregate valu additional securities of the is rights exercisable to acquire <sup>5</sup> Do not include deferred con	suer. Indicate the s additional securitie	ecurity codes for all se						

a) Name of person com	pensated and registration status	
Indicate whether the perso	n compensated is a registrant. 🗌 No 🖌 Yes	
If the person compensated is	an individual, provide the name of the individual.	
Full legal name of indiv	idual	
	Family name     First given name     Secondary given names	
If the person compensated i	s not an individual, provide the following information.	
Full legal name	of non-individual Industrielle Alliance Valeurs Mobilieres	
F	irm NRD number 1 5 4 0 0 (if applicable)	
Indicate whether the person	compensated facilitated the distribution through a funding portal or an internet-based portal.	
b) Business contact info		
If a firm NRD number is not	provided in Item 8 (a), provide the business contact information of the person being compensated.	_
Street address		
Municipality	Province/State	
Country	Postal code/Zip code	
Email address	Telephone number	
		_
	or investment fund manager ship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part	
	the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.	
Connect with the issu	er or investment fund manager Insider of the issuer (other than an investment fund)	
Director or officer of	he investment fund or investment fund manager Employee of the issuer or investment fund manager	
✓ None of the above		
d) Compensation details		
Canadian dollars. Include cas services incidental to the distr	ation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in n commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for ibution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report ements with the directors, officers or employees of a non-individual compensated by the issuer.	
Cash commissions pa	id 13.61 Security codes Security code 1 Security code 2 Security code 3	
Value of all securiti		
distributed a compensatio		
Describe	erms of warrants, options or other rights	
Other compensation	n <sup>5</sup> Describe	
Total compensation pa	id 13.61	
Check box if the pe	rson will or may receive any deferred compensation (describe the terms below)	
	ce Valeurs Mobilieres will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A ting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' ting.	
additional securities of the is	e of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire suer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other additional securities of the issuer. npensation.	

ITEM 9 - DIRECTORS, EXECUT	IVE OFFICERS A	ND PROMO	TERS OF THE IS	SSUER				
If the issuer is an investment fund,	do not complete It	em 9. Procced t	o Item 10.					
Indicate whether the issuer is any of t	he following (select o	all that apply).						
Reporting issuer in any jurisdi	ction of Canada							
Foreign public issuer								
Wholly owned subsidiary of a	reporting issuer in a	any jurisdiction c	f Canada <sup>6</sup>					
Provide name	of reporting issuer							
Wholly owned subsidiary of a	foreign public issue	er <sup>6</sup>						
Provide name of fo	oreign public issuer							
Issuer distributing eligible fore	ign securities only t	o permitted clier	nts <sup>7</sup>					
If the issuer is at least one of the a	bove, do not comp	lete Item 9(a) –	(c). Proceed to Ite	m 10.				
<sup>6</sup> An issuer is a wholly owned subsidial securities that are required by law to b <sup>7</sup> Check this box if it applies to the curr clients. Refer to the definitions of "elig ↓ If the issuer is none of the all	e owned by its dire ent distribution ever ible foreign security	ctors, are benefit n if the issuer ma " and "permitted"	cially owned by the ade previous distrib client" in Part B(1)	reporting issuer utions of other ty	or the foreig	n publ	ic issue	er, respectively.
a) Directors, executive officers		-	nem 3(u) - (c).					
Provide the following information for territory; otherwise state the country.				tive Officer, "P" -	- Promoter.	da, sta	te the p	province or
Organization or company name	Family name	First given name	Secondary give names	Business lo non-indivi reside jurisdict indivio	dual or ntail ion of		ationsh issuer ect all apply)	that
				Province o	or country	D	0	Р
	Granleese	William		British Colun	nbia	✓	✓	
	Granleese	William	R.	British Colun	nbia	$\checkmark$		
	Dyck	Victor		British Colun	nbia	✓		
	Worsnup	Christopher	Gavin	British Colun	nbia	✓		
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 names	Residential jurisdiction of individual	Relatio (select one			
				Province or country	D		C	
c) Residential address of each								
Complete Schedule 2 of this form p completed report. Schedule 2 also r					m 9(a) and	(b) an	d attao	ch to the

## ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

### IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Granleese	William		R.			
	Family name First given name Secondary given names						
Title	Portfolio Manager						
Name of issuer/underwriter/ investment fund manager	Antrim Balanced Mortgage Fu	Antrim Balanced Mortgage Fund Ltd.					
Telephone number	6045302301	6045302301 Email address will@antriminvestments.com					
Signature	William R. Granleese	Date	2017	08	25		
			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.

 $\checkmark$  Same as individual certifying the report

Full legal name				Title
	Family name	First given name	Secondary given names	
Name of company				
Telephone number		E	mail address	

#### Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.