Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10014376

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, provide filing date	of report that is bein	g ame	ended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	E REPORT				
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti				estment fund, refer to sectio	n 1.1 of National
☐ Investment fund issuer	naous Disclosure and the comp	amon policy to 141 or 100	•		
✓ Issuer (other than an investment of the sum of th	stment fund)				
Underwriter	······································				
ITEM 3 - ISSUER NAME AND OT	LIED IDENTIFIEDS				
Provide the following information about the		vastment fund, about the	fund		
Full legal name	·	·	јина.		
Previous full legal name	Antim Balancea Wortg				
-					
If the issuer's name changed in th	e last 12 months, provide most	recent previous legal nam	e.		
Website	www.antriminvestment	s.com (if ap	oplicable	e)	
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he Instructions for the def	finition o	of "legal entity identifier".	
Legal entity identifier					
If two or more issuers distributed a single s	security, provide the full legal no	nme(s) of the co-issuer(s) o	other the	an the issuer named above.	
Full legal name(s) of co-issuer(s)		(if ap	plicable	e)	
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,		gal name and firm NPD r	numbar		
Full legal name	provide the underwriter's fall te	gat name ana ן מיזוו איזיין מיזור	iumber.		
Firm NRD number		(if applicable	۵)		
		(if applicabl			
If the underwriter does not have a firm NR	D number, provide the head off	ice contact information of	f the und	derwriter.	
Street address					
Municipality		Province/	Į		
Country		Postal code/Zip	code		
Telephone number		We	ebsite		(if applicable)

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry	Item 5 - Issuer Information
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	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
AlcS industry code	a) Primary industry
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	
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 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 Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Province/State Date of formation and financial year-end MMM 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.	NAICS industry code 5 2 2 9 9
Is the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Date of formation and financial year-end Date of formation and financial year-end Date of formation The province/State	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal year-end Pinancial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	b) Number of employees
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 Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation and financial year-end 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.	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
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). Head office address Province/State Postal code/Zip code P	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD Financial year-end 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.	Does the issuer have a SEDAR profile?
Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal code/Zip code Telephone number Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8
Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	
Municipality Country Telephone number Date of formation and financial year-end The phone number Date of formation Telephone number Financial year-end MMM DD The phone number Financial year-end MMM DD The phone number The	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Municipality Postal code/Zip code
Date of formation YYYY MM DD 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.	Country Telephone number
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.	e) Date of formation and financial year-end
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.	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	f) Reporting issuer status
	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
AII AB BC MB NB NL NT	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	NS NU ON PE QC SK YT
g) Public listing status	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	Exchange name
h) Size of issuer's assets	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
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investment	fund
Type of investment fund tha	it most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strate	gies Cryptoasset Other (describe)
Indicate whether one or bot	h of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
☐ Is a UCITs Fund¹	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of 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 forma	tion Financial year-end 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 on	
-	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 \$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.

a) Currency

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 2022 11 17

YYYY MM DD

End date 2022 11 24

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	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	385,000.00	1.0000		385,000.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	1,171,853.00	1.0000		1,171,853.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	1,909,564.00	1.0000		1,909,564.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Converti exchange security	eable	nderlyi curity c	_		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 \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	10	1,643,186.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	14	706,061.00
Ontario	NI 45-106 2.3 [Accredited investor]	3	404,750.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	260,000.00

	Total number of unique purchasers ^{2b}	36	
	Total dollar amount of se	curities distributed	3,466,417.00
Newfoundland and Labrador	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	1	15,000.00
New Brunswick	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	38,000.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	2	200,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	20,300.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	179,120.00

^{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)
1.	Offering Memorandum	2022-10-14	Y	2022-10-14

^{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.

Iтем 8 - Cc	OMPENSATIO	N INFORMATION	
•		rson (as defined in NI 45-106) to whom the issuer directly provides, litional copies of this page if more than one person was, or wi	
Indicate whe	ther any compens	sation was paid, or will be paid, in connection with the distribution.	
		If yes, indicate number of persons compensated.	

a) Name of person comper	nsated and registi	ration status									
Indicate whether the person comp	ensated is a registra	ınt.		☐ No		√ Y€	es				
If the person compensated is an in	If the person compensated is an individual, provide the name of the individual.										
Full legal name of individ	ual										
	Fa	amily name			First giv	en name	9		Secondary g	jiven names	
If the person compensated is not an individual, provide the following information.											
Full legal name of	non-individual [i	A Private We	ealth I	Inc./iA Ge	stion priv	ڎe de	patrimoir	ne			
Firn	n NRD number	1 5	4	0	0		(if a	pplicable	e)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves											
b) Business contact information											
If a firm NRD number is not provi	ded in Item 8 (a), pro	ovide the busii	ness co	ontact infor	mation of	the pers	son being	compens	ated.		
Street address											
Municipality						Prov	/ince/Sta	te			
Country					Pos	tal cod	e/Zip cod	de			
Email address					T	elepho	ne numb	er			
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				Ū	_	. ,				· ·	
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the o	nmissions, securities as clerical, printing, directors, officers or	e-based compe legal or accou employees of o	ensatio unting	n, gifts, disc services. Ar	ounts or o	other co not requ	mpensatio uired to as	n. Do no	t report payı	ments for se	ervices
Cash commissions paid	106	6.26				Sec	curity code	1 Sec	urity code 2	Security co	ode 3
Value of all securities distributed as compensation ⁴			5	Security co	des						
Describe terr	ms of warrants, opti	ons or other r	ights								
Other compensation ⁵		Des	cribe								
Total compensation paid	106	6.26									
✓ Check box if the person	on will or may recei	ve any deferre	ed com	npensation	(describe	the terr	ms below)				
IA Private Wealth In Voting Shares, 1% o Voting Shares.											
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi ⁵ Do not include deferred compen	r. Indicate the securi itional securities of	ity codes for a									er

a) Name of person compe	nsated and regis	tration st	atus								
Indicate whether the person com	pensated is a regist	rant.		☐ No		✓ ,	Yes				
If the person compensated is an i	ndividual, provide t	he name o	of the indiv	vidual.							
Full legal name of individ	dual										
		Family nam	e		First	given nar	me		Secondary	given names	
If the person compensated is not an individual, provide the following information.											
Full legal name o	of non-individual	Credent	ial Qtrade	e Securitie	s Inc./\	/aleurs	Mobilie	res Cr	edential Qtrad	e Inc.	
Fin	m NRD number	6	1 9	0			((if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves											
b) Business contact information											
If a firm NRD number is not prov	rided in Item 8 (a), p	provide the	business o	contact info	rmation	of the pe	erson bei	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Po	ostal co	de/Zip d	code			
Email address						Teleph	one nur	mber			
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
_								,			
Director or officer of the	e investment fund (or investm	ent fund fr	nanager		mpioye	e or the r	ssuer	or investment fur	id manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based cog, legal or remployed	ompensati accounting	ion, gifts, dis g services. A	scounts o In issuer	r other o is not re	compenso quired to	ation. E ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	d	38.17				S	Security co	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security co	odes						
Describe te	rms of warrants, op	otions or o	ther rights								
Other compensation ⁵	5		Describe								
Total compensation paid) t	38.17									
✓ Check box if the pers	son will or may rece	eive any d	eferred co	mpensation	n (descril	be the te	erms belo	ow)			
Credential Qtrade Securities 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 issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	ırity codes	for all sec								er

a) Name of person comp	pensated an	d registra	tion stat	us								
Indicate whether the person co	mpensated is	a registran	t.		☐ No		✓	Yes				
If the person compensated is an individual, provide the name of the individual.												
Full legal name of indiv	/idual											
		Fam	ily name			Firs	t given n	ame		Secondary	given nam	es
If the person compensated is not an individual, provide the following information.												
Full legal name	of non-indiv	idual R	THINK	AND DI	VERSIF	Y SEC	URITIE	S INC.				
F	irm NRD nu	mber	4 7	2	5	0			(if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.												
b) Business contact info	rmation											
If a firm NRD number is not pr	ovided in Item	8 (a), prov	ide the b	usiness co	ontact info	rmation	of the p	person b	eing con	pensated.		
Street address												
Municipality							Р	rovince	/State			
Country						P	ostal c	ode/Zip	code			
Email address					j		Telep	hone n	umber			
c) Relationship to issuer or investment fund manager												
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.												
Connect with the issu	uer or investm	ent fund m	anager				Insider	of the iss	suer (oth	er than an inve	stment fun	nd)
Director or officer of	he investmer	t fund or in	vestmen	t fund ma	anager		Employ	ee of the	eissuer	or investment fu	nd manag	jer
✓ None of the above												
d) Compensation details	i											
Provide details of all compensar Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, och as clerical, ne directors, o	securities-b printing, le ficers or en	pased con egal or ac nployees	npensatio counting	n, gifts, di services. A	scounts An issuer	or other r is not r	r compen required	sation. L to ask fo	Do not report pa	yments for	services
Cash commissions pa	aid	13.	70					Security of	code 1	Security code 2	Security	code 3
Value of all securition distributed as compensation				\$	Security c	odes						
Describe	terms of warra	ants, optior	ns or othe	er rights								
Other compensation	n ⁵		D	escribe								
Total compensation pa	aid	13.7	70									
✓ Check box if the pe	erson will or m	ay receive	any defe	erred con	npensatio	n (descr	ibe the	terms be	elow)			
Rethink and Dive Preferred Non-Vo Preferred Non-Vo	ting Shares	es Inc. w , 1% on C	ill receiv class B s	e an anı Series 'E	nual trail 3' Preferr	er fee p ed Nor	oaid mo	onthly ir g Share	the ans and 0	nount of 1/2%)% on Class B	on Class Series '(s A C'
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate t Idditional sect	he security	codes fo									

a) Name of person compe	ensated and regis	tration status								
Indicate whether the person com	npensated is a registi	rant.	1	No	✓	Yes				
If the person compensated is an	individual, provide t	he name of the i	ndividual.							
Full legal name of indivi	dual									
	F	amily name		Firs	t given nar	me	Sec	condary g	iven names	
If the person compensated is not an individual, provide the following information.										
Full legal name of	of non-individual	FIDELITY CLI	EARING C	ANADA l	JLC / C	OMPENSA	ATION FIDE	LITY C	ANADA	
Fir	Firm NRD number 2 8 8 8 0 (if applicable)									
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 prov	vided in Item 8 (a), p	rovide the busine	ess contact i	nformation	of the pe	erson being	compensated	<i>l</i> .		
Street address										
Municipality					Pro	ovince/Sta	te			
Country				P	ostal co	de/Zip cod	de			
Email address					Teleph	one numb	er			
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)										
Director or officer of th	e investment fund o	ır investment fur	nd manager	_	Employe	a of tha issu	uer or investn	ment func	d manager	
None of the above	o invocament rana e	i investment rai	ia managor	Ш	Linployo			none ranc	rmanagor	
d) Compensation details		d 4- 4l	44:6:4:	/+ O/-) :-		:	distribution	D	-11	:
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	ommissions, securitie h as clerical, printing	es-based compen g, legal or accour	sation, gifts, nting service	discounts s. An issuer	or other o	compensation quired to as	on. Do not rep	ort payn	nents for se	ervices
Cash commissions pai	d	0.55			S	ecurity code	1 Security	code 2	Security co	ode 3
Value of all securities	-		Securit	/ codes						
distributed as compensation	erms of warrants, op	tions or other ric								
		Desci	´ <u> </u>							
Other compensation Total compensation pai		0.55								
Check box if the per			d compensa	tion (descr	ihe the te	erms helow)				
				`						
Fidelity Clearing Control Non-Voting Shares	s, 1% on Class B									rred
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities of	rity codes for all								er

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	V	✓ Yes				
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	vidual								
		Family name		First give	n name		Secondary (jiven names	
If the person compensated is not an individual, provide the following information.									
Full legal name	of non-individual	PI Financial Corp	./Corporat	ion Financ	ière PI				
F	irm NRD number	5 2 9	0			(if appl	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. ☐ No ✓ Yes									
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact info	mation of th	ne person be	eing con	npensated.		
Street address									
Municipality					Province	/State			٦
Country			Ī	Posta	ıl code/Zip	code			٦
Email address			Ī	Tel	ephone ni	umber			
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)									
Director or officer of t	the investment fund	or investment fund m	anager	— Emp	lovee of the	issuer	or investment fun	d manager	
None of the above			anage.					z manage.	
d) Compensation details									
Provide details of all compensations of all compensations of all compensations of all compensations. Include cash incidental to the distribution, surplements with the allocation arrangements with the compensation of all compensations.	tion paid, or to be po commissions, securit ich as clerical, printin he directors, officers	ies-based compensations, legal or accounting or employees of a non	on, gifts, dis services. A	counts or ot n issuer is no	her compen ot required t	sation. L to ask fo	Do not report payı	ments for service	
Cash commissions pa	aid	1.91			Security of	code 1	Security code 2	Security code 3	
Value of all securiti distributed as compensation			Security co	des					
Describe	terms of warrants, o	ptions or other rights							
Other compensation	on ⁵	Describe							٦
Total compensation pa	aid	1.91							_
✓ Check box if the pe	erson will or may red	eive any deferred cor	mpensation	(describe th	ne terms be	elow)			
		nnual trailer fee pai Preferred Non-Votin							ı
⁴ Provide the aggregate value additional securities of the iss 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> urities distr	n <u>g</u> options, I ibuted as co	warrants or ompensation	other rig n, <u>includ</u>	ghts exercisable t <u>ding</u> options, warr	ว acquire ants or other	

TEM 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	sdiction 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						_	
Provide name of	foreign public issue	er						7	
Issuer distributing only eligil	ble foreian securities	and the distributio	n is to permitted clie	ents 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 of	of the issuer							
Provide the following information for territory; otherwise state the country.						tate the p	province	or	
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu resident jurisdictio individu	ual or ail n of		onship to		
				Province or	country	D	0	Р	
	Granleese	William		British Columbi	а	✓			
	Granleese	William	R.	British Columbi	а	✓	✓		
	Worsnup	Christopher	Gavin	British Columbi	а	✓			
b) Promoter information									
If the promoter listed above is not an within Canada, state the province or									
Organization or company name Family name First given name Secondary given names Residential jurisdiction of individual Relationship to promoter (select one or both if applicable)									

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.

Province or

country

D

0

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		R.						
	Family name	First given name	'	Secor	ndary given r	names				
Title	Portfolio Manager									
Telephone number	6045302301	Email address	will@a	antriminve	stments.c	om				
Signature	"William Granleese"	Date	202	2 11	25					
			YYY	Y MM	DD	_				

ITEM 11- CONTACT P	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.