Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9174354

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 applicable)						
ITEM 4 - UNDERWRITER INFORM	MATION					
If an underwriter is completing the report,		gal name and firm NPD r	umbor			
Full legal name	provide the underwriter's fall te	gat name ana ן מיזוו איזיין מיזור	iumber.			
	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
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 Municipality Country Postal code/Zip code 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 2020 06 30

End date 2020 07 09

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	152,000.00	1.0000		152,000.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	645,246.00	1.0000		645,246.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	2,006,083.00	1.0000		2,006,083.00

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.

exc	nvertib hange curity o	able	nderlyi curity c	•	Exercise price (Canadian \$)		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 ^{2g} purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	3	155,005.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	4	74,000.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	15	622,241.00

British Columbia	12	1,952,083.00	
	Total dollar amount of se	curities distributed	2,803,329.00
	Total number of unique purchasers ^{2b}	34	

^{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	2019-10-24	Y	2019-11-01

^{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.

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 6

a) Name of person comp	pensated and regi	stration status										
Indicate whether the person co	mpensated is a regis	trant.		No		√	Yes					
If the person compensated is a	n individual, provide	the name of the ind	ividual.									
Full legal name of indi	vidual											
		Family name			Firs	t given ı	name		Secondary	given name	es	
If the person compensated is n	ot an individual, prov	vide the following in	formati	ion.								
Full legal name	of non-individual	INDUSTRIELLE ALLIANCE SEC				EURS	MOBIL	IÈRES	INC. / INDUST	RIAL		
F	irm NRD number	1 5	4	0	0			(if app	olicable)			
Indicate whether the person co	mpensated facilitate	d the distribution th	rough a	fundir	ng port	tal or a	n interne	ı et-based	portal.	☑ No [Yes	
b) Business contact information												
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business	contac	ct infori	mation	of the	person l	being co	mpensated.			
Street address												
Municipality						F	Provinc	e/State				
Country					Р	ostal	code/Zi	p code				
Email address						Telephone number						
c) Relationship to issuer or investment fund manager												
Indicate the person's relationsh the Instructions and the meani Connect with the issues.	ng of "control" in sec	tion 1.4 of NI 45-10			oses of	f compl	eting thi	s section				
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager												
□ 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 compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	tion paid, or to be pa commissions, securit ich as clerical, printir he directors, officers o	ies-based compensa ng, legal or accounti or employees of a no	ition, gi ng servi	fts, disc ices. An	ounts issuei	or othe r is not	er compe required	nsation. I to ask f	Do not report pa	ments for	services	
Cash commissions pa	aid	2.18					Security	code 1	Security code 2	Security	code 3	
Value of all securiti distributed as compensation			Secu	rity cod	des							
Describe	terms of warrants, o	ptions or other right	s									
Other compensation	on ⁵	Describ	е 🔚									
Total compensation pa	aid	2.18										
✓ Check box if the pe	erson will or may rec	eive any deferred c	ompen	sation	(descr	ribe the	terms b	elow)				
	ce Valeurs Mobilie es, 1% on Class B es.											
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 o	curity codes for all se										

a) Name of person compo	ensated and regis	stration statu	s								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ Y	es				
If the person compensated is an	individual, provide t	the name of th	e individ	dual.							
Full legal name of indivi	dual										
		Family name			First giv	en nam	е		Secondary o	given names	
If the person compensated is no	t an individual, provi	ide the followi	ng infor	mation.							
Full legal name	of non-individual	FIDELITY C	CLEAR	ING CAN	ADA ULO	C/CO	MPENSA	TION FIE	DELITY C	ANADA	
Fi	rm NRD number	2 8	8	8	0		(if a	pplicable)			
Indicate whether the person con	npensated facilitatea	the distribution	on throu	ıgh a fundi	ng portal d	or an in	ternet-base	ed portal.	\checkmark	No [Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the bus	siness co	ontact infor	mation of	the per	son being	compensat	ed.		
Street address											
Municipality						Prov	vince/Sta	:e			
Country					Pos	tal cod	le/Zip cod	le		<u>, </u>	
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 Employee of the issuer or investment fund manager											
✓ None of the above											
d) Compensation details											
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitions of the commissions, securitions of the commissions of the commission of the commi	es-based comp g, legal or acco r employees of	pensatio punting	n, gifts, disc services. Ar	counts or o	other co not requ	ompensatio uired to asi	n. Do not i	report payı	nents for se	ervices
Cash commissions pai	d	11.63				Sec	curity code	I Securi	ty code 2	Security co	ode 3
Value of all securitie distributed as compensation	~		8	Security co	des						
·	erms of warrants, op	 otions or other	rights								
Other compensation	₁ 5	De	scribe								
Total compensation pai	id	11.63									
✓ Check box if the per	son will or may rece	eive any defer	red com	npensation	(describe	the ter	ms below)				
Fidelity Clearing C Non-Voting Shares Non-Voting Shares	s, 1% on Class B										erred
⁴ Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	urity codes for									er

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person con	npensated is a regis	trant.	□ No)	✓ Ye	es			
If the person compensated is an	individual, provide	the name of the in	ndividual.						
Full legal name of indiv	idual								
		Family name		First gi	iven name	e	Secondary (given names	
If the person compensated is no	t an individual, pro	vide the following i	information.						
Full legal name	of non-individual	RAYMOND JA	MES LTD.						
Fi	rm NRD number	8 2	4 0			(if app	olicable)		
Indicate whether the person con	mpensated facilitate	d the distribution t	hrough a fun	ding portal	or an int	ternet-based	portal. ✓	No Yes	
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the busine	ss contact inf	ormation of	f the pers	son being cor	mpensated.		
Street address									
Municipality					Prov	/ince/State			
Country				Pos	stal code	e/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 compensations and canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the Cash commissions pa	ommissions, securit ch as clerical, printin e directors, officers	ies-based compens ng, legal or accoun	sation, gifts, a ting services.	iscounts or An issuer is	other con not requ	mpensation. uired to ask fo	Do not report payı	ments for services	
·		14.51			Sec	curity code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation	-		Security	codes					
Describe to	erms of warrants, o	ptions or other rigi	hts						
Other compensation	1 ⁵	Descri	ibe						
Total compensation pa	id	14.31							
✓ Check box if the per	rson will or may red	ceive any deferred	compensation	on (describe	e the terr	ms below)			
Raymond James I Voting Shares, 1% Voting Shares.									
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred comp	er. Indicate the sec additional securities	curity codes for all	sation, <u>exclu</u> securities dis	<u>ding</u> options tributed as	s, warrar compen	nts or other n nsation, <u>inclu</u>	ights exercisable t ding options, warr	o acquire ants or other	

a) Name of person comp	ensated and regis	stration sta	tus							
Indicate whether the person cor	npensated is a regist	rant.		☐ No		✓ Ye	es			
If the person compensated is an	individual, provide	the name of	the indivi	dual.						
Full legal name of indiv	idual									
		Family name			First giv	ven name	9	Secondary	given names	
If the person compensated is no	t an individual, prov	ide the follo	wing infor	rmation.						
Full legal name	of non-individual	GENESIS	WEAL7	TH MANA	GEMEN	T COR	PORATIO	N		
Fi	rm NRD number	6 4	4 5	7	0		(if ap	oplicable)		
Indicate whether the person cor	npensated facilitated	the distribu	ition throu	ugh a fundi	ng portal (or an int	ternet-base	d portal.	✓ No 🗌	Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the b	ousiness co	ontact infor	mation of	the pers	son being c	ompensated.		
Street address										
Municipality						Prov	/ince/State	•		
Country]	Pos	stal cod	e/Zip code	9		
Email address					Т	elepho	ne 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)										
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 c incidental to the distribution, suc allocation arrangements with th	ommissions, securiti ch as clerical, printin e directors, officers o	es-based cor g, legal or ac r employees	mpensatic ccounting	on, gifts, dis services. A	counts or o	other co not requ	mpensatior uired to ask	. Do not report pa	yments for se	ervices
Cash commissions pa	id	19.73				Sec	curity code 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	er rights							
Other compensation	n ⁵		Describe							
Total compensation pa	id	19.73								
✓ Check box if the pe	rson will or may rec	eive any def	erred con	npensation	(describe	the ten	ms below)			
Genesis Wealth M Non-Voting Share Non-Voting Share	s, 1% on Class B									∍d
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	er. Indicate the seco Iditional securities o	urity codes f	or all sect							∍r

a) Name of person compe	ensated and regis	stration stat	us								
Indicate whether the person com	npensated is a regist	rant.		☐ No		√ Y	'es				
If the person compensated is an	individual, provide t	the name of t	he indivi	dual.							
Full legal name of indivi	dual										
		Family name			First g	iven nam	ne		Secondary	given names	
If the person compensated is not	t an individual, prov	ide the follow	ving infor	mation.							
Full legal name of	of non-individual	NATIONAL	L BANK	FINANC	IAL INC	/FINAN	NCIÈRE	BAN	QUE NATION	ALE INC.	
Fir	m NRD number	1 9	6	0			(i	f appli	cable)		
Indicate whether the person com	npensated facilitated	the distribut	ion throu	ıgh a fundi	ng portal	or an in	nternet-b	ased po	ortal. 🗸	No [Yes
b) Business contact inform	mation										
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the bu	usiness co	ontact info	mation o	f the pei	rson bein	g com	pensated.		
Street address											
Municipality						Pro	vince/S	tate			
Country					Pos	stal cod	de/Zip c	ode			
Email address					٦	Telepho	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 Employee of the issuer or investment fund 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	ommissions, securition h as clerical, printing e directors, officers o	es-based com g, legal or acc r employees	npensatio counting	n, gifts, dis services. A	counts or n issuer is	other co not req	ompensa Juired to	tion. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	a	0.44				Se	ecurity cod	le 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	0.44									
✓ Check box if the per	son will or may rece	eive any defe	erred con	npensation	(describ	e the tei	rms belov	w)			
National Bank Fina Non-Voting Shares Non-Voting Shares	s, 1% on Class B										ed
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 o	urity codes fo									ər

a) Name of person compen	sated and regis	tration st	tatus									
Indicate whether the person compe	ensated is a registi	ant.			No		√	Yes				
If the person compensated is an in	dividual, provide t	he name d	of the ind	lividual.								
Full legal name of individu	ıal											
	F	amily nam	ie			First	given r	name		Secondary	given names	S
If the person compensated is not a	n individual, provi	de the foli	lowing in	formatio	n.							
Full legal name of	non-individual	RETHIN	IK AND	DIVER	SIFY	SECL	JRITII	ES IN	C .			
Firm	NRD number	4	7	2	5	0			(if app	olicable)		
Indicate whether the person compe	ensated facilitated	the distri	bution th	rough a	fundir	g porto	al or a	n interr	_ net-based	portal. 🗸	No [Yes
b) Business contact informa	ation											
If a firm NRD number is not provid	led in Item 8 (a), p	rovide the	busines:	s contact	infori	nation	of the	person	being co	mpensated.		
Street address												
Municipality	Province/State											
Country						Р	ostal	code/Z	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 Canadian dollars. Include cash com- incidental to the distribution, such a allocation arrangements with the a	nmissions, securitie as clerical, printing	es-based c g, legal or	ompensa accounti	ition, gift ng servic	ts, disc es. An	ounts o	or othe is not	er comp require	ensation. d to ask f	Do not report pay	ments for s	ervices
Cash commissions paid		0.55						Securit	y code 1	Security code 2	Security c	ode 3
Value of all securities distributed as compensation ⁴				Secur	ity cod	les						
·	ns of warrants, op	tions or o	ther right	ts								
Other compensation ⁵			Describ	e								
Total compensation paid		0.55										
Check box if the person	n will or may rece		eferred c	compens	ation	(descri	be the	terms	below)			
Rethink and Diversif						•				on Class A		
Preferred Non-Voting	g Shares, 1% o	n Class E	Series	s 'B' Pre	ferre	Non-	-Votin	g Sha	res and	0% on Class B	Series 'C'	
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addi. ⁵ Do not include deferred compens	Indicate the secutional securities of	rity codes	s for all s	ation, <u>ex</u> ecurities	cludin distri	<u>g</u> optio buted a	ons, wa as com	arrants ipensa	or other i tion, <u>inclu</u>	ights exercisable <u>ding</u> options, wari	to acquire ants or oth	er

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER						
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (selec	t the one that applie	es - if more than one	applies, select only	one).					
Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer ir	n any jurisdiction of	Canada ⁶							
Provide name of reporting issuer										
Wholly owned subsidiary of	f a foreign public issu	uer ⁶						_		
Provide name of foreign public issuer										
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	nts only ⁷				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.						
⁶ An issuer is a wholly owned subsice securities that are required by law to respectively. ⁷ Check this box if it applies to the collection. Refer to the definitions of "ellows". If the issuer is none of the	o be owned by its dir urrent distribution ev eligible foreign securi	rectors, are benefici en if the issuer mad ity" and "permitted o	ially owned by the re de previous distributi client" in Part B(1) of	porting issuer or the fons of other types	he foreign	public iss	suer,			
a) Directors, executive officer	rs 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 residenta jurisdictior individu	ial or ail n of		onship to issuer at all that apply)			
				Province or o	country	D	0	Р		
	Granleese	William		British Columbia	a	✓	✓			
	Granleese	William	R.	British Columbia	a	✓				
	Worsnup	Christopher	Gavin	British Columbia	a	✓				
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or										
			Secondary given	Residential jurisdiction of		itionship				

Residential address of each individual

Organization or company name

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.

names

First given name

Family name

individual

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	Intrim Balanced Mortgage Fund Ltd.									
Full legal name	Granleese	William								
	Family name	First given name	Secondary given names							
Title	President									
Telephone number	6045302301	Email address	bill@antriminvestments.com							
Signature	"William Granleese"	Date	2020 07 10							
		_	YYYY MM DD							

TEM 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	I 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.