# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8700927

ITEM 1 - REPORT TYPE								
☐ New report								
Amended report If amended, provide filing date of report that is being amended 2020 05 29 (YYYY-MM-DD)								
	Tovido illing dato or roport triat	g a	2020 03 23	(1111 101101 00)				
ITEM 2 - PARTY CERTIFYING THE REPO	PRT							
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.								
☐ Investment fund issuer								
✓ Issuer (other than an investment the second s	fund)							
Underwriter								
ITEM 3 - ISSUER NAME AND OTHER ID	DENTIFIERS							
Provide the following information about the issuer,		bout the fund.						
Full legal name Antrin	m Balanced Mortgage Fund Ltd	I.						
Previous full legal name								
If the issuer's name changed in the last 12 months, provide most recent previous legal name.								
Website www.	antriminvestments.com	(if applicabl	e)					
If the issuer has a legal entity identifier. provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".								
Legal entity identifier								
If two or more issuers distributed a single security, p	provide the full legal name(s) of the co-	⊐ issuer(s) other th	an the issuer named above.					
Full legal name(s) of co-issuer(s)		(if applicabl	e)					
ITEM 4 - UNDERWRITER INFORMATION	vi							
		NIDD /						
If an underwriter is completing the report, provide the underwriter's full legal name and firm NRD number.  Full legal name								
Firm NRD number (if applicable)								
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality Province/State								
Country		ode/Zip code						
Telephone number		Website		(if applicable)				

ITEM 5 - ISSUER INFORMATION					
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.					
a) Primary industry					
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.					
NAICS industry code 5 2 2 9 9					
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.					
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:					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
No  ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address Province/State					
Municipality Postal code/Zip code					
Country Telephone number					
e) Date of formation and financial year-end					
Date of formation Financial year-end MM DD					
f) Reporting issuer status					
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.					
_ AII _ AB _ BC _ MB _ NB _ NL _ NT					
NS NU ON PE QC SK YT					
g) Public listing status					
If the issuer has a CUSIP number, provide below (first 6 digits only)					
CUSIP number					
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an					
exchange and not a trading facility such as, for example, an automated trading system.  Exchange name					
h) Size of issuer's assets					
11) 6120 01 100001 0 000010					

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 manager 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	nt most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strateg	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							
<sup>1</sup> Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective 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 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 of Canada in which the investment fund is a reporting issuer.							
☐ AII ☐	AB BC MB NB NL NT						
□ NS □	NU ON PE QC SK YT						
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							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's 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							
f) Net asset value (NAV) of the investment fund							
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).							
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD						

## **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

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.

١.	_	
a)	) Currency	,
u	, Cultility	

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 2019 01 03

End date 2019 01 10

#### 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	Description of security  Number of securities  Single or lowest price  Highest price		Total amount		
Р	R	s		Class A Preferred Non-Voting Shares	493,714.00	1.0000	1.0000	493,714.00	
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	4,469,685.00	1.0000	1.0000	4,469,685.00	
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	24,468,384.00	1.0000	1.0000	24,468,384.00	

#### 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.

ex	onverti change ecurity	eable Underlying 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 <sup>28</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	23	487,980.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	246	19,795,437.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	124	3,142,401.00

Québec	Québec NI 45-106 2.9(2.1) [Offering memorandum] 3 (AB, SK, ON, QC, NB, NS)				
Saskatchewan	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	105,300.00		
British Columbia	8,625.00				
	29,431,783.00				

<sup>&</sup>lt;sup>2a</sup> 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	

<sup>&</sup>lt;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)

<sup>&</sup>lt;sup>2b</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.

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 V Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
	No ✓ Yes If yes, indicate number of persons compensated. 5

a) Name of person compe	ensated and regi	stration status							
Indicate whether the person com	pensated is a regis	trant.	☐ No	)	✓ Y	'es			
If the person compensated is an	individual, provide	the name of the ind	ividual.						
Full legal name of indivi	dual								
		Family name	·	First g	iven nam	ne	Secondary (	given names	
If the person compensated is not	an individual, prov	vide the following in	formation.						
Full legal name of non-individual Raymond James Ltd.									
Fi	m NRD number	8 2	4 0			(if app	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No   Yes									
b) Business contact inforr	nation								
If a firm NRD number is not pro	vided in Item 8 (a),	provide the business	contact inf	ormation o	f the pei	rson being co	mpensated.		
Street address									
Municipality					Pro	vince/State			
Country				Pos	stal cod	de/Zip code			
Email address				Т	Telepho	ne 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 th  ✓ None of the above	e investment tuna	or investment tuna	manager		прюуее	or the issuer	r or investment fun	u manager	
d) Compensation details	• • • • •			0();		*** ** **		"	
Provide details of all compensations Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the Cash commissions pai	ommissions, securit h as clerical, printir directors, officers	ies-based compensa ng, legal or accounti	tion, gifts, d ng services	iscounts or An issuer is	other co not req	ompensation. Juired to ask f	Do not report pay	ments for servic	ces
·		512.19			Se	curity code 1	Security code 2	Security code 3	3
Value of all securities distributed as compensation	1		Security of	odes					
Describe te	rms of warrants, o	ptions or other right	s						
Other compensation	5	Describ	е						
Total compensation pai	d 3	12.19							
✓ Check box if the per	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 additional securities of the issue rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the sec ditional securities	curity codes for all se	ation, <u>excluc</u> ecurities dis	<u>ding</u> option tributed as	s, warra compe	nnts or other i nsation, <u>inclu</u>	rights exercisable i i <u>ding</u> options, warr	o acquire ants or other	

a) Name of person comp	ensated and regis	stration sta	atus							
Indicate whether the person co	Indicate whether the person compensated is a registrant.    No   Yes									
If the person compensated is an individual, provide the name of the individual.										
Full legal name of individual										
		Family name	)		First give	en name		Secondary	given names	
If the person compensated is no	ot an individual, prov	ide the follo	owing infor	mation.						
Full legal name	of non-individual	Industrie	lle Alliand	e Valeurs	Mobiliere	es				
F	irm NRD number	1	5 4	0	0		(if app	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  □ No ✓ Yes										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the	business co	ontact infor	mation of t	he perso	n being cor	npensated.		
Street address										
Municipality						Provi	nce/State			
Country					Posta	al code	Zip code			
Email address					Te	lephone	e 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)										
<u> </u>		_					,		•	
Director or officer of t	he investment fund	or investme	ent fund ma	anager	Emp	oloyee of	f the issuer	or investment fur	ıd manager	•
None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, sur allocation arrangements with the Cash commissions page 1.	commissions, securiti ch as clerical, printin ne directors, officers c	es-based co g, legal or a	mpensatio accounting	n, gifts, dis services. Ai	counts or o	ther com not required by the	pensation. red to ask fo e issuer.	Do not report pay or details about, o	ments for se r report on,	ervices internal
·						Secu	rity code 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation	-		5	Security co	des					
Describe t	erms of warrants, op	otions or oth	her rights							
Other compensation	n <sup>5</sup>		Describe							
Total compensation pa	id	0.41								
✓ Check box if the person will or may receive any deferred compensation (describe the terms below)										
Industrielle Alliance Valeurs Mobilieres will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting										
<sup>4</sup> Provide the aggregate value additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	ier. Indicate the sec dditional securities d	urity codes	for all secu							er

a) Name of person comp	ensated and regi	stration status								
Indicate whether the person cor	npensated is a regis	trant.	☐ No		<b>√</b>	Yes				
If the person compensated is an individual, provide the name of the individual.										
Full legal name of indiv	idual									
		Family name	<b>I</b>	First gi	iven na	me		Secondary (	jiven name	s
If the person compensated is no	t an individual, pro	vide the following info	ormation.							
Full legal name of non-individual Gravitas Securities Inc.										
F	irm NRD number	2 6 2	6	0			(if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  No   Yes										
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact info	rmation o	f the pe	erson bei	ng com	pensated.		
Street address										
Municipality					Pro	ovince/S	State			
Country				Pos	stal co	de/Zip	code			
Email address				Т	eleph	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)										
<u> </u>		-		_			,			
Director or officer of the	ne investment fund	or investment fund n	nanager	L Er	npioye	e or the	issuer	or investment fun	a manage	er
None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, surallocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi e directors, officers	ties-based compensating, legal or accounting or employees of a nor	ion, gifts, dis g services. A	counts or n issuer is	other of not re	compens quired to	ation. E ask fo	Do not report payı	nents for s	services
·		9.86			S	Security co	ode 1	Security code 2	Security of	code 3
Value of all securitie distributed as compensatio	~		Security co	des						
Describe t	erms of warrants, o	pptions or other rights								
Other compensation	n <sup>5</sup>	Describe								
Total compensation pa	id	9.86								
✓ Check box if the pe	rson will or may red	ceive any deferred co	mpensatior	(describe	e the te	erms belo	ow)			
		e an annual trailer f ies 'B' Preferred No								
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire au <sup>5</sup> Do not include deferred comp	ier. Indicate the sec dditional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	<u>ng</u> option. ibuted as	s, wari compe	rants or c ensation,	other rig , <u>inclua</u>	ghts exercisable t l <u>ing</u> options, warr	o acquire ants or otl	her

a) Name of person comp	ensated and regis	tration state	us								
Indicate whether the person cor	Indicate whether the person 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 g	jiven nar	me	I	Secondary	given names	
If the person compensated is no	t an individual, provi	ide the follow	ing infor	mation.							
Full legal name	of non-individual	PI Financia	al								
Fi	irm NRD number	5 2	9	0			(	(if appl	icable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  ☐ No ✓ Yes											
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the bu	ısiness co	ontact info	rmation o	of the pe	erson beir	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Po	stal co	de/Zip d	code			
Email address					٦	Γelepho	one nun	nber			
c) Relationship to issuer	c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)											
☐ Director or officer of the □ None of the above	ne investment fund o	or investment	t fund ma	anager	☐ E	mploye	e of the i	ssuer	or investment fu	nd manager	
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the	commissions, securition ch as clerical, printing e directors, officers o	es-based com g, legal or acc r employees o	pensatio counting	n, gifts, di: services. A	scounts or In issuer is	other c not red	compenso quired to	ation. E ask foi	o not report pay	ments for se	ervices
Cash commissions pa		1.42				S	ecurity co	de 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio	-		,	Security co	odes						
Describe t	erms of warrants, op	otions or othe	er rights								
Other compensation	n <sup>5</sup>	D	escribe								
Total compensation pa	id	1.42									
✓ Check box if the pe	rson will or may rece	eive any defe	erred con	npensatior	n (describ	e the te	erms belo	ow)			
PI Financial will re Shares, 1% on Cl Shares.											
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	ıer. Indicate the secu dditional securities o	ırity codes fo									er

a) Name of person comp	ensated and regis	stration st	atus								
Indicate whether the person cor	Indicate whether the person compensated is a registrant. No Ves										
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indiv	idual										
		Family name	e		First g	iven nar	me		Secondary (	given names	
If the person compensated is no	t an individual, prov	ide the foll	owing info	rmation.							
Full legal name	of non-individual	Echelon	Wealth F	artners In	C.						
Fi	rm NRD number	3	2 4	2	0		(i	if appli	cable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  ☐ No ✓ Yes											
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business c	ontact infor	mation o	f the pe	erson bein	ng comp	pensated.		
Street address											
Municipality						Pro	ovince/S	tate			
Country					Pos	stal co	de/Zip c	ode			
Email address					Т	Telepho	one num	nber			
c) Relationship to issuer	c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)											
☐ Director or officer of the ☐ None of the above	ne investment fund (	or investme	ent fund m	anager	☐ Er	mployee	e of the is	ssuer o	r investment fun	d manager	
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 co g, legal or o r employee	ompensatio accounting	on, gifts, dis services. A	counts or n issuer is	other c not red	compensa quired to	ition. D ask for	o not report payı	ments for se	ervices
Cash commissions pa	ıd	1.04				S	ecurity cod	de 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 ot	her rights								
Other compensation	n <sup>5</sup>		Describe								
Total compensation pa	id	1.04									
✓ Check box if the pe	rson will or may rec	eive any de	eferred cor	mpensation	(describ	e the te	erms belo	w)			
Echelon Wealth P Non-Voting Share Non-Voting Share	s, 1% on Class B										rred
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	er. Indicate the seconditional securities of	urity codes	for all sec								er

TEM 9 - DIRECTORS, EXECU				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	Reporting issuer in any jurisdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	a reporting issuer ir	n any jurisdiction of	Canada <sup>6</sup>							
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>								
Provide name of	f foreign public issue	r								
Issuer distributing only eligi	ble foreign securities	s and the distributio	n is to permitted clie	nts only <sup>7</sup>				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (c	). Proceed to Item 1	10.						
securities that are required by law to respectively.  The Check this box if it applies to the conclients. Refer to the definitions of "elements".	<sup>6</sup> 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. <sup>7</sup> 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	rs and promoters of	of the issuer								
Provide the following information fo territory; otherwise state the country.						tate the p	rovince	or		
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu residenta jurisdictior individu	al or ail n of		onship to t all that			
				Province or o	ountry	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 individual		tionship				

# 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	Antrim Balanced Mortgage Fund Ltd.								
Full legal name	Granleese	William		R.					
	Family name	First given name	•	Seconda	ary given names				
Title	Portfolio Manager								
Telephone number	6045302301	Email address	will@a	antriminvest	ments.com				
Signature	"William Granleese"	Date	202	0 06	05				
		•	YYY	Y MM	DD				

ITEM 11- CONTACT F	PERSON				
	•	r the individual that the secu the individual certifying the		regulator m	ay contact with any questions
Same as individua	I certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		En	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.