Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9213530

ITEM 1 - REPORT TYPE												
New report												
Amended report	If amen	ded, pro	vide fi	iling dat	e of ı	report	that is	being ame	ended 2020 0	18 21	(YYYY-MM-DD)	
ITEM 2 - PARTY CERTIFYI	NG THE	REPOR ⁻	Г									
Indicate the party certifying the r Instrument 81-106 Investment Fu									restment fund, refer	to sectio	on 1.1 of National	
Investment fund iss						. ,						
✓ Issuer (other than a	an invest	ment fur	nd)									
			- /									
ITEM 3 - ISSUER NAME A	ND OTH	HER IDEI	NTIFIE	RS								
Provide the following information			-			-		ut the fund.				
Full lega	al name	Antrim I	Baland	ced Mor	tgag	e Fund	d Ltd.					
Previous full lega	Previous full legal name											
If the issuer's name chan	iged in the	last 12 mc	onths, pi	rovide mo:	st rece	ent previ	ous lega	l name.				
Website www.antriminvestments.com (if applicable)												
If the issuer has a legal entity ide	ntifier <u>,</u> pro	vide below	. Refer t	to Part B o	f the I	nstructi	ons for th	he definition	of "legal entity iden	tifier".		
Legal entity ic	lentifier											
If two or more issuers distributed	a single se	curity, pro	vide the	e full legal	name	(s) of th	e co-issu	ıer(s) other th	an the issuer named	d above.		
Full legal name(s) of co-is	ssuer(s)							(if applicabl	e)			
ITEM 4 - UNDERWRITER I	NFORM	ATION										
If an underwriter is completing th	ne report, p	orovide the	underw	riter's full	legal	name a	nd firm N	NRD number.				
Full legal name												
Firm NRD number							(if app	olicable)				
If the underwriter does not have a	a firm NRE) number, j	orovide	the head o	office	contact	informat	tion of the un	derwriter.			
Street address												
Municipality							Provi	ince/State				
Country						Pos	tal code	e/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 2 9 9
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
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 Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end YYYY 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
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
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
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 \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purcho conne	asers ction	resident in that ,	jurisdi	ction of Canada	only. Do not include	sdiction of Canada, incl in Item 7 securities issu e information provided	ed as payment	of com	missions or fi	inder's fees in				
a)	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.													
Select	the c	urrency or curre	ncies i	in which the dist	tribution was made. A	ll dollar amounts provid	led in the repo	rt must	be in Canadi	ian dollars.				
✓ C	anac	lian dollar		US dollar	Euro	Other (describ	e)							
b)	Distr	ibution date(s))											
as bot	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 08 13 YYYY MM DD YYYY MM DD YYYY MM C) Detailed purchaser information													
c)	Deta	iled purchase	r infoi	rmation										
Com	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.													
d)	d) Types of securities distributed													
	a) 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 \$													
Secu		CUSIP number (if applicable)		Descriptio	n of security	Number of securities	Single or lowest price	н	lighest price	Total amount				
PR	s		Clas Sha		ed Non-Voting	2,164,386.0	0 1.00	00		2,164,386.00				
PR	s			ss B Series ' ng Shares	B' Preferred Non	- 2,252,336.0	0 1.00	00		2,252,336.00				
P R S Class B Series 'C' Preferred Non- Voting Shares 2,173,275.00 1.0000 2,173,275.00														
e)	Deta	ails of rights an	nd cor	nvertible/exch	angeable securitie	6								
						ise price and expiry date terms for each convertib				exchangeable securities				
excha				Exerc	sise price adian \$) Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	D	escribe other	items (if applicable)				
f) 5	Sumi	mary of the dis	stribut	tion by jurisdic	tion and exemptio	n								
purch distrib This to purch jurisdi	aser i outior able i aser i iction	resides and for ea n in a jurisdiction requires a separa resides, if a purcl	ach ex n of Ca nte line haser i	remption relied (anada, include d e item for: (i) eau resides in a juris	on in Canada for that istributions to purcha ch jurisdiction where o	of purchasers for each ju distribution. However, i sers resident in that juri n purchaser resides, (ii) e d (iii) each exemption ro se state the country.	f an issuer locc sdiction of Car each exemption	nted out nada oni n relied	rside of Canad ly. on in the juri	da completes a isdiction where a				
		Province or country			Exemption relied	on	Number of un purchase		Total a	mount (Canadian \$)				
	Briti	sh Columbia		NI 45-106 2	vestor]		14		3,076,775.00					
	Briti	sh Columbia		NI 45-106 2 NL)	emorandum] (BC,	BC, 19 2,318,								
		Ontario		NI 45-106 2	2.3 [Accredited in	vestor]	7 534,004							
		Ontario			2.9(2.1) [Offering N, QC, NB, NS)	memorandum]		15		409,055.00				
-														

Québec	NI 45-106 2.3 [Accred	dited investor]		1		212,000.00				
Québec	NI 45-106 2.9(2.1) [O (AB, SK, ON, QC, NE		um]	2		40,000.00				
		Total dollar amo	unt of sec	urities distributed		6,589,997.00				
	Total nu	Imber of unique purcl	hasers ^{2b}	58						
^{2a} In calculating the number of u	nique purchasers per row, co	ount each purchaser onl	y once. Joir	nt purchasers may b	be counted as one pu	rchaser.				
^{2b} In calculating the total number the issuer distributed multiple					aser only once, regar	dless of whether				
g) Net proceeds to the inve	estment fund by jurisdict	ion								
If the issuer is an investment fund purchaser resides. ³ If an issuer loo Canada only. For jurisdcions wit	ated outside of Canada com	pletes a distribution in	a jurisdicti	on of Canada, inclu						
	Province or country Net proceeds (Canadian \$)									
Total net										
³ "Net proceeds" means the gros redemptions that occurred durin			ributions fo	or which the report i	is being filed, less th	e gross				
h) Offering materials - This	s section applies only in S	Saskatchewan, Onta	rio, Québ	ec, New Brunsw	ick and Nova Sco	tia.				
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)	Previou with or deli regula (Y/t	tor?	previously filed or delivered YYY-MM-DD)					
1. Offering	Memorandum	2019-10-24	Y	20	019-11-01]				

Ітем 8 - Со	MPENSATIO	N INFORMATION	
		rson (as defined in NI 45-106) to whom the issuer directly provides, c litional copies of this page if more than one person was, or will	
Indicate wheth	her any compens	ation was paid, or will be paid, in connection with the distribution.	
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	7

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person cor	npensated is a regist	rant.		[No		\checkmark	Yes						
If the person compensated is an	individual, provide	the nam	e of the i	individu	ual.									
Full legal name of indiv	idual													
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Secondary given names														
If the person compensated is no	et an individual, prov	ide the f	following	inform	nation.									
Full legal name	of non-individual	Markh	am Cer	ntre Fi	nancial	Securi	ities In	с.						
F	irm NRD number	6	1	0	3	0			(if app	licable)				
Indicate whether the person cor	mpensated facilitated	the dis	tribution	throug	h a fund	ng port	tal or ar	n intern	et-based	portal.	\checkmark] No		Yes
b) Business contact infor	mation													
If a firm NRD number is not pro	ovided in Item 8 (a), j	orovide t	the busin	ess cor	ntact info	rmatior	n of the	person	being cor	npensated.				
Street address														
Municipality							P	Provinc	e/State					_
Country						F	Postal o	code/Z	ip code					
Email address							Telep	hone r	number					
c) Relationship to issuer	or investment fun	d mana	ager											
Indicate the person's relationshitted the Instructions and the meaning the Instructions and the meaning the meaning the transmission of transmission of the transmission of transmission of transmission of the transmission of transmissi											onnecte	ed" in Po	art B(2	?) of
Connect with the issu	-			100 (0)	i ine purp			-		her than ar	n invest	ment fu	und)	
Director or officer of t			-	ad mor	ogor					or investm			,	
\checkmark None of the above				iu mai	layei		LIIIpioy		ie issuei	or investin		u mana	igei	
d) Compensation details Provide details of all compensat	ion naid or to be na	d to the	narson	idontifi	od in Itor	a 8(a) ii	n conno	oction w	ith the di	tribution I	Provida	all ame	unts i	n
Canadian dollars. Include cash c	commissions, securiti	es-based	d comper	nsation	, gifts, dis	counts	or othe	r compe	ensation.	Do not repo	ort payı	nents fo	or servi	ices
incidental to the distribution, su allocation arrangements with th										or details al	bout, or	report	on, int	ernal
Cash commissions pa		74.12	yees of a	non a	latitudut	compe								
Value of all securitie							-	Security	code 1	Security c	ode 2	Securi	ty code	93
distributed as compensatio	-			Se	ecurity co	des								
Describe t	erms of warrants, or	otions or	r other rio	ghts										
Other compensation	n⁵		Desc	ribe										
Total compensation pa	id	74.12		L										
Check box if the pe	rson will or may rec	eive any	deferre	d comp	pensatior	(desci	ribe the	terms b	oelow)					
Markham Centre A Preferred Non-\ Preferred Non-Vo	/oting Shares, 1%													S
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the sec dditional securities d	urity cod	les for al											

a) Name of person compe	nsated and regis	stration	status												
Indicate whether the person com	pensated is a regist	rant.			🗌 No		\checkmark	Yes							
If the person compensated is an i	ndividual, provide	the nam	e of the	individ	ual.										
Full legal name of individ	lual														
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Secondary given names															
If the person compensated is not	an individual, prov	ide the f	ollowing	inforn	nation.										
Full legal name o	f non-individual	Rethin	ik and [Divers	ify Secu	rities Iı	nc.								
Fin	m NRD number	4	7	2	5	0			(if	appli	cable)				
Indicate whether the person com	pensated facilitated	the dist	ribution	throug	gh a fundi	ng port	al or a	n intern	et-bas	sed po	ortal.	\checkmark	No		Yes
b) Business contact inform	nation														
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide t	he busin	iess coi	ntact info	mation	of the	person	being	com	pensated.				
Street address															
Municipality							F	Provinc	e/Sta	ate					
Country						Р	ostal o	code/Z	ip co	de					
Email address							Telep	hone	numb	ber					
c) Relationship to issuer o	r investment fun	d mana	ger								L				
Indicate the person's relationship the Instructions and the meaning											ning of "c	onnecte	₂d″ in P	ort B	(2) of
Connect with the issue							-	-			er than ar	n invest	tment f	und)	
Director or officer of the	e investment fund	or invest	ment fu	nd mai	nager		Employ	/ee of t	he iss	uer o	r investm	ent fun	id man:	ager	
✓ None of the above					-									•	
d) Compensation details															
Provide details of all compensatio	n paid, or to be pa	id. to the	nerson	identif	ied in Iten	n 8(a) ir	n conne	ection w	ith th	e disti	ribution I	Provide	all am	ounts	in
Canadian dollars. Include cash co	mmissions, securiti	es-based	, compei	nsation	n, gifts, dis	counts	or othe	r comp	ensati	on. D	o not rep	ort payl	ments f	for sei	rvices
incidental to the distribution, such allocation arrangements with the										sk for	details ai	bout, oi	· report	on, u	nternal
Cash commissions paid	ł	26.74					Г	Securit	v codo	1	Security c	odo 2	Secur	rity co	do 3
Value of all securities							-	Securit	y code		Security C		Secur	ity coo	ue s
distributed as compensation				S	ecurity co	des									
Describe ter	rms of warrants, or	otions or	other ri	ghts											
Other compensation ⁵	5		Desc	ribe											
Total compensation paid	1	26.74		l											1
Check box if the pers	on will or may rec	eive any	deferre	d com	pensation	(descr	ibe the	terms	below)					
Rethink and Divers Preferred Non-Voti Preferred Non-Voti	ng Shares, 1% o														
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 c	urity coa	les for al												r

a) Name of person comp	pensated and regis	stration	status											
Indicate whether the person co	mpensated is a regist	rant.		[No		\checkmark	Yes						
If the person compensated is a	n individual, provide	the nam	e of the i	individi	ual.									
Full legal name of indiv	vidual													
Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Secondary given names														
If the person compensated is no	ot an individual, prov	ide the f	following	inform	nation.									
Full legal name	of non-individual	Genes	sis Wea	lth Ma	anageme	ent Co	rporati	on						
F	irm NRD number	6	4	5	7	0			(if appl	icable)				
Indicate whether the person co.	mpensated facilitated	the dist	tribution	throug	ıh a fundi	ng port	al or an	n interne	et-based p	oortal.	\checkmark] No		Yes
b) Business contact info	rmation													
If a firm NRD number is not pr	ovided in Item 8 (a), µ	orovide t	he busin	ess cor	ntact infor	mation	of the	person l	being com	pensated.				
Street address														
Municipality							Р	rovince	e/State					
Country						P	ostal c	code/Zi	p code					
Email address							Telep	hone r	umber					
c) Relationship to issuer	or investment fun	d mana	iger]
Indicate the person's relationsh										ning of "co	onnecte	d″ in Pc	art B(2	?) of
the Instructions and the meaning	-			100 10	r trie purp		-	-		er than an	invest	ment fu	(hau	
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)														
Director or officer of t	he investment fund o	or invest	tment fui	nd mar	nager	Ш	Employ	vee of th	ie issuer (or investm	ent fun	d mana	ger	
✓ None of the above														
d) Compensation details														
Provide details of all compensation Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-based g, legal (d comper or accou	nsation nting s	, gifts, dis ervices. A	counts n issuer	or othei r is not i	r compe requirea	nsation. L to ask fo	Do not repo	ort payr	nents fo	or servi	ices
Cash commissions pa	aid 2	60.28						Security	code 1	Security c	ode 2	Securit	tv code	3
Value of all securitie	es			0		مامم							.y couc	, 0
distributed as compensation	on⁴			50	ecurity co	aes	L							
Describe	erms of warrants, or	otions or	other rig	ghts										
Other compensatio	n ⁵		Desc	ribe										
Total compensation pa	nid 20	60.28												
Check box if the pe	erson will or may rec	eive any	deferre	d comp	pensation	(descr	ibe the	terms b	elow)					
	Aanagement Corp I Non-Voting Shar ed Non-Voting													
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp ⁵ Do	uer. Indicate the secu dditional securities c	urity coa	les for al											

a) Name of person compe	ensated and regis	stration	status													
Indicate whether the person com	pensated is a regist	rant.			🗌 No		\checkmark	Yes								
If the person compensated is an	individual, provide	the name	e of the ir	ndivid	ual.											
Full legal name of indivi	dual															
		Family na	ame			First	given n	ame				Secor	ndary g	iven na	ames	
If the person compensated is not	an individual, prov	ide the f	ollowing	inforn	nation.											
Full legal name of	of non-individual	Fidelit	y Clearii	ng Ca	anada Ul	C										
Fir	m NRD number	2	8	8	8	0			(i	f appl	icable)					
Indicate whether the person com	pensated facilitated	l the dist	tribution t	throug	gh a fundi	ng port	al or ar	n interr	net-bo	ased p	ortal.] No	\checkmark] Yes
b) Business contact inform	nation															
If a firm NRD number is not prov	vided in Item 8 (a), p	orovide t	he busine	ess coi	ntact infor	mation	of the	person	bein	g con	ipensa	ted.				
Street address																
Municipality							Ρ	Provinc	ce/St	tate						
Country						Ρ	ostal c	code/Z	Zip co	ode						
Email address							Telep	hone	num	ber						
c) Relationship to issuer c	or investment fun	d mana	iger													
Indicate the person's relationship the Instructions and the meaning Connect with the issue	g of "control" in sec	tion 1.4 c	of NI 45-1			oses of		eting th	nis seo	ction.						8(2) of
Director or officer of th	e investment fund	or invest	ment fun	id mai	nager		Employ	vee of t	he is	suer	or inve	stme	nt fund	1 man	ager	
None of the above																
d) Compensation details																
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin	es-basea g, legal d	l compen or accoun	sation nting s	n, gifts, dis ervices. Al	counts o n issuer	or othei is not i	r comp require	ensat d to d	tion. L ask fo	Do not	repor	rt payn	nents (for se	ervices
Cash commissions pai	d	1.85						Securit	v cod	le 1	Secur	itv co	de 2	Secu	rity co	de 3
Value of all securities	;			ç	ecurity co	dee						,				
distributed as compensation	4					ues										
Describe te	rms of warrants, or	otions or	other rig	Ihts												
Other compensation	5		Descr	ribe												
Total compensation paid	d	1.85														
Check box if the per-	son will or may rec	eive any	deferred	l com	pensation	(descri	ibe the	terms	belov	w)						
Fidelity Clearing Conversion Non-Voting Shares																rred
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred competence ⁵ Do not include deferred competence	er. Indicate the secu ditional securities of	urity cod	les for all													er

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is an	individual, provide	the nam	e of the l	individ	lual.									
Full legal name of indiv	idual													
	Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Secondary given names													
If the person compensated is no	t an individual, prov	ide the f	following	inforn	mation.									
Full legal name	of non-individual	Raym	ond Jar	nes L	.td.									
Fi	rm NRD number	8	2	4	0				(if appl	icable)				
Indicate whether the person con	npensated facilitated	the dist	tribution	throug	gh a fundi	ng port	al or ar	interne	et-based p	oortal.] No	\checkmark	Yes
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), J	orovide t	the busin	ess coi	ntact info	mation	of the	person b	being corr	npensated.				
Street address														
Municipality							Ρ	rovince	e/State					
Country						Ρ	ostal c	code/Zi	p code					
Email address							Telep	hone n	umber					
c) Relationship to issuer of	or investment fun	d mana	ager											
Indicate the person's relationshi the Instructions and the meanin										ining of "co	onnecte	ed" in Po	art B(2	?) of
Connect with the issue	-						-	-		ner than an	invest	ment fu	ınd)	
Director or officer of the investment fund 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, securiti h as clerical, printin	es-based g, legal (d compei or accou	nsation nting s	n, gifts, dis services. A	counts n issuer	or othei • is not i	r compe required	nsation. L to ask fo	Do not repo	ort payı	ments fo	or serv	ices
Cash commissions pa	id	27.53						Security	code 1	Security c	ode 2	Securi	ty code	.3
Value of all securitie	s			S	Security co	des								
distributed as compensation				,								I		
Describe te	erms of warrants, or	otions or												
Other compensation			Desc	ribe										
Total compensation pai	d	27.53												
Check box if the per	rson will or may rec	eive any	deferre	d com	pensation	(descr	ibe the	terms b	elow)					
Raymond James I Voting Shares, 1% Voting Shares.														
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- security of the security of the sec	er. Indicate the secu Iditional securities c	urity coa	les for al											

a) Name of person comp	pensated and regis	stration	status											
Indicate whether the person co	mpensated is a regist	rant.		[No		\checkmark	Yes						
If the person compensated is a	n individual, provide	the nam	e of the	individı	ual.									
Full legal name of indiv	vidual													
		Family n	ame			First	t given n	ame		Seco	ondary g	given nar	nes	
If the person compensated is no	ot an individual, prov	ide the j	following	inform	nation.									
Full legal name	of non-individual	Natior	nal Banl	k Finai	ncial Inc									
F	Firm NRD number 1 9 6 0 (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.														
b) Business contact information														
If a firm NRD number is not pro	ovided in Item 8 (a), p	orovide	the busin	ness con	ntact info	rmation	of the	person l	peing com	npensated.				
Street address	Street address													
Municipality							Р	rovince	e/State					
Country						P	ostal c	code/Zi	p code					\exists
Email address							Telep	hone n	umber					
c) Relationship to issuer	or investment fun	d mana	ager	,										
Indicate the person's relationsh the Instructions and the meaning										ining of "co	onnecte	d″ in Po	art B(2)) of
Connect with the issu	-						-	-		ner than an	invest	ment fu	ınd)	
Director or officer of t	he investment fund	or inves	tment fu	nd man	ager		Employ	vee of th	e issuer	or investm	ent fun	d mana	iger	
None of the above														
d) Compensation details														
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-base g, legal	d compei or accou	nsation, nting se	, gifts, dis ervices. A	counts n issuer	or othei ⁻ is not i	r compe required	nsation. L ' to ask fo	Do not repo	ort payr	nents fo	or servi	ices
Cash commissions pa	aid	7.94						Security	code 1	Security c	ode 2	Securi	ty code	3
Value of all securitie	es			0.										<u> </u>
distributed as compensation	on⁴			56	ecurity co	des	L							
Describe	erms of warrants, op	otions o	r other ri	ghts										
Other compensatio	n ⁵		Desc	ribe										
Total compensation pa	iid	7.94												
Check box if the pe	erson will or may rec	eive any	/ deferre	d comp	ensation	(descr	ibe the	terms b	elow)					
National Bank Financial 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 a ⁵ Do not include deferred comp ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity cod	des for al											

 a) Name of person comp 	pensated and regis	stration	status												
Indicate whether the person co	mpensated is a regist	rant.			No		\checkmark	Yes							
If the person compensated is a	n individual, provide	the nam	e of the ind	lividual.											
Full legal name of individual															
		Family na	ame			First	given n	ame		_	Se	condary	given na	ames	
If the person compensated is not an individual, provide the following information.															
Full legal name	of non-individual	MCF \$	Securities	Inc.											
Firm NRD number39890(if applicable)															
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves															
b) Business contact information															
f a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.															
Street address	Street address														
Municipality							Р	rovinc	e/Sta	te					
Country						P	ostal c	ode/Z	ip coc	le					
Email address							Telep	hone i	numbe	er					
c) Relationship to issuer	or investment fun	d mana	ager]
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	-			,				-			er than a	n inves	tment f	und)	
Director or officer of	he investment fund	or invest	tment fund	manag	er		Employ	ee of t	ne issu	uer or	r investr	nent fur	nd man	ager	
✓ None of the above				0			. ,							0	
d) Compensation details															
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su	tion paid, or to be pa commissions, securiti	es-based	d compense	ition, gi	fts, disc	counts o	or othei	r compe	ensatio	on. Do	o not rep	ort pay	ments	for se	rvices
allocation arrangements with th													repert		
Cash commissions pa	aid	1.64						Security	/ code [·]	1	Security	code 2	Secu	rity co	de 3
Value of all securitie				Secu	rity coo	des									
distributed as compensation			()								·		<u> </u>		
	terms of warrants, op		-												
Other compensatio			Describ	e											
Total compensation pa	aid	1.64													
Check box if the person will or may receive any deferred compensation (describe the terms below)															
MCF 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 additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities of	urity cod	ies for all s												er.

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER										
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Indicate whether the issuer is any o	f the following (seled	t the one that applie	es - if more than one	applies, select onl	y one).					
Reporting issuer in any jurisdiction of Canada										
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶										
Provide name of reporting issuer										
Wholly owned subsidiary of a foreign public issuer ⁶										
Provide name o	f foreign public issue	er]		
Issuer distributing only eligi	ble foreign securitie	s and the distributio	on is to permitted clie	nts only7				-		
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.						
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 l	ltem 9(a) - (c).							
a) Directors, executive officer	rs and promoters	of the issuer								
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.										
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu		Relationship to issuer (select all that apply)				
				Province or	country	D	0	Р		
	Granleese	William		British Columb	а	~	~			
	Granleese	William	R.	British Columb	а	~				
	Worsnup	Christopher	Gavin	British Columb	а	✓				
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or										
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual		itionship one or bo				
				Province or country	D		C	>		
c) Residential address of one	h individual									
c) Residential address of each individual										
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.										

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Antrim Balanced Mortgage Fund Ltd.										
Full legal name	Granleese										
	Family name	·	Secondary given names								
Title	President										
Telephone number	6045302301	Email address	bill@antr	om							
Signature	"William Granleese"	Date	2020	09	01						
			YYYY	MM	DD	-					

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual 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.