Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10182398

ITEM 1 - REPORT TYPE												
✓ New report												
Amended report	If amer	nded, pro	vide fi	iling date	e of ı	report	that is	being ame	ended		(YYYY-MM-DD)	
ITEM 2 - PARTY CERTIFY	ING THE	REPOR	Г									
Indicate the party certifying the Instrument 81-106 Investment									restment fund	d, refer to sec	tion 1.1 of National	
Investment fund is												
✓ Issuer (other than	an inves	tment fu	nd)									
ITEM 3 - ISSUER NAME	AND OT	HER IDE	NTIFIE	RS								
Provide the following informati	on about th	r						ut the fund.				
Full le	Full legal name Antrim Balanced Mortgage Fund Ltd.											
Previous full le	gal name											
If the issuer's name changed in the last 12 months, provide most recent previous legal name.												
	Website	www.ar	ntrimin	vestmer	nts.c	om		(if applicabl	e)			
If the issuer has a legal entity ic	dentifier <u>,</u> pro	vide below	. Refer t	o Part B o	f the I	nstructio	ons for t	he definition o	of "legal enti	'ty identifier".		
Legal entity	identifier											
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	full legal	name	(s) of th	e co-issı	uer(s) other th	an the issuer	r named abov	′e.	
Full legal name(s) of co-	-issuer(s)							(if applicable	e)			
ITEM 4 - UNDERWRITER		1ATION										
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal	name a	nd firm l	NRD number.				
Full legal name											7	
Firm NRD number							(if app	olicable)			_	
If the underwriter does not have	e a firm NRI	D number,	provide	the head c	office o	contact	informa	tion of the un	derwriter.			
Street address											7	
Municipality		Province/State										
Country						Pos	tal code	e/Zip code			Ĩ	
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.											
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											
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 Ves 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. All AB BC MB NL NT											
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

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Full legal name
Firm 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 Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD
Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund b Type of investment fund b Type 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. Invests primarily in other investment fund issuers Is a UCITs Fund b Type of formation and financial year-end of the investment funds is on authorization from one member state. c Date of formation and financial year-end of the investment fund is a reporting issuer. c All All All All All All All All All Al
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If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number
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 \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purch conn	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													
a)	Cur	rency												
Selec	t the	currency or curre	ncies in	which the dis	tribution	was made.	All dollar amounts provi	ded in	the report	must be	e in Canad	ian dollars.		
✓ C	Cana	dian dollar	🗌 U	S dollar] Euro	Other (describ	be)						
b)	Dist	tribution date(s	;)											
as bo	oth th	e start and end a n period covered	lates. If ti by the r	he report is b eport.			or securities distributed o es distributed on a contir	nuous l						
		Si	tart date	2023	05	18	End da	ate	2023	05	25			
	_			YYYY	MM	DD			YYYY	MM	DD			
,	c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report													
Com	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.													
d)	d) Types of securities distributed													
							er security basis. Refer to CUSIP number assigned					now to indicate the		
	Canadian \$													
Sec	urity de	CUSIP number (if applicable)		Descriptio	on of secur	rity	Number of securities		Single or lowest price		nest price	Total amount		
ΡI	א s		Class Share	A Preferre	∋d Non∙	-Voting	60,000.0	00	1.000	0		60,000.00		
ΡI	۶ s			B Series ' g Shares	B' Prefe	erred Nor	1,297,400.0	00	1.000	0		1,297,400.00		
ΡI	r s	Class B Series 'C' Preferred Non- 1 402 811 00 1 0000 1 402 811 00										1,402,811.00		
e)	Det	ails of rights ar	nd conv	ertible/exch	angeab	le securitie	es							
were	distr	ibuted, provide t	he conve	ersion ratio ai	nd describ	be any other	cise price and expiry dat terms for each converti					exchangeable securities		
exch	ivertib angea urity c		ig	Exer (Car	nadian \$)	ighest	Expiry date (YYYY- MM-DD)		version atio	Des	Describe other items (if applicable)			
				Lowest		gnest								
f)	Sum	mary of the dis	stributic	n hy jurisdi	ction an	d exempti								
-		-					r of purchasers for each j	iurisdia	rtion of Ca	nada an	d foreian i	urisdiction where a		
purcl distri This	haser butio table	resides and for e n in a jurisdictior requires a separe	each exer n of Cano ate line ii	mption relied ada, include c tem for: (i) ea	on in Car listributio ich jurisdi	nada for tha ons to purch iction where	t distribution. However, asers resident in that jur a purchaser resides, (ii) nd (iii) each exemption r	if an is isdictic each e	ssuer locate on of Cana exemption i	ed outsic da only. relied on	le of Cana in the jur	da completes a isdiction where a		
jurisc	lictio	n.		2		-	vise state the country.			.,,,,,				
		Province or country			Ex	emption relie	d on		ber of uniqu purchasers	Je ^{2ġ}	Total amount (Canadian \$)			
	Brit	ish Columbia	. N	VI 45-106 2	2.3 [Acc	credited in	nvestor]			8		787,161.00		
	Brit	ish Columbia		NI 45-106 2 NL)	2.9(1) [0	Offering r	nemorandum] (BC,			22	1,580,800.00			
		Ontario	N	VI 45-106 2	2.3 [Acc	credited in	nvestor]	1		2		178,000.00		
		Manitoba	Ν	NI 45-106 2	2.3 [Acc	credited in	nvestor]			1		158,750.00		

Québec	NI 45-106 2.3 [Accredited investor]	3	55,500.00
	Total dollar amount of se	curities distributed	2,760,211.00
	Total number of unique purchasers ^{2b}	36	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{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.

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.³ 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)

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

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 i	the nam	e of the i	ndivid	ual.									
Full legal name of indivi	dual													
		Family na	ame			Firs	t given n	ame		Seco	ondary g	iven nan	nes	
If the person compensated is no	t an individual, prov	ide the f	following	inforn	nation.									
Full legal name	of non-individual	iA Priv	ate We	alth Ir	nc./iA Ge	stion	privée	de pati	rimoine					
Fi	rm NRD number	1	5	4	0	0			(if app	licable)				
Indicate whether the person con	npensated facilitated	the dist	tribution	throug	gh a fundi	ng port	tal or ar	n interne	- et-based p	oortal.] No	 ` 	Yes
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide t	the busin	ess cor	ntact infor	mation	of the	person l	being con	npensated.				
Street address														
Municipality							P	Provinc	e/State					
Country						F	ostal o	code/Zi	p code					\exists
Email address							Telep	hone r	number					\exists
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.														
Director or officer of th	ie investment fund (or invest	tment für	na mar	nager		Employ	/ee of tr	ie issuer	or investm	ent fund	1 mana	ger	
✓ 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 compen or accour	nsation nting s	n, gifts, dis ervices. A	counts n issuei	or othe r is not i	r compe required	nsation. I to ask fo	Do not repo	ort payn	nents fo	or servi	ices
Cash commissions pa	id	5.31					Г	Security	code 1	Security c	ode 2	Securit	v code	3
Value of all securitie	s			~		مامم	- E	Ceculity					y couc	<u> </u>
distributed as compensation	1 ⁴			5	ecurity co	aes	L]
Describe te	erms of warrants, op	otions or	r other rig	ghts										
Other compensatior	1 ⁵		Desc	ribe										
Total compensation pa	id	5.31												
Check box if the per	son will or may rece	eive any	deferred	d com	pensation	(descr	ibe the	terms b	elow)					
IA Private Wealth 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- action of the security of the secur	er. Indicate the secu Iditional securities c	urity coa	les for all											

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person co	mpensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is ar	n individual, provide	the nam	e of the	individ	ual.									
Full legal name of indiv	vidual													
		Family na	ame			First	t given r	name	I	Seco	ondary g	iven nam	nes	
If the person compensated is no	ot an individual, prov	ide the f	following	ı inforn	nation.									
Full legal name	of non-individual	NATIC	ONAL B	ANK F	INANCI	AL INC	C./FIN/	ANCIÈ	RE BAN	QUE NAT	IONAL	E INC		
F	irm NRD number	1	9	6	0				(if app	licable)				
Indicate whether the person co	mpensated facilitated	the dis	tribution	throug	gh a fundi	ng port	tal or ai	n intern	et-based	portal.] No	✓ Y	res
b) Business contact infor	mation													
If a firm NRD number is not pro	ovided in Item 8 (a), j	orovide t	the busin	ness coi	ntact info	rmation	n of the	person	being cor	npensated.				
Street address														
Municipality							F	Provinc	e/State					
Country						Ρ	ostal o	code/Z	ip code					
Email address							Telep	ohone	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 t	he investment fund	or invest	tment fu	nd mai	nager		Employ	yee of t	ne issuer	or investm	ent fund	d mana	ger	
✓ None of the above														
d) Compensation details														
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-based g, legal	d compei or accou	nsation nting s	n, gifts, dis ervices. A	counts n issuer	or othe r is not	r compe requiree	ensation. I to ask fo	Do not repo	ort payn	nents fo	r servic	ces
Cash commissions pa	aid	94.68					Г	Security	/ code 1	Security c	ode 2	Securit	y code 3	3
Value of all securitie	25				.,			Gecung		Geodity c		Jecuni	y code .	5
distributed as compensatio				S	ecurity co	des	L							
Describe t	erms of warrants, op	otions or	r other ri	ghts										
Other compensatio	n ⁵		Desc	cribe										
Total compensation pa	id	94.68												
Check box if the pe	erson will or may rec	eive any	/ deferre	d com	pensation	(descr	ibe the	terms I	pelow)					
National Bank Fin Non-Voting Share Non-Voting Share	es, 1% on Class B													
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities d	urity cod	les for a											

a) Name of person compo	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	individı	ual.										
Full legal name of indivi	dual														
		Family na	ame			Firs	t given r	name			Se	condary	given na	ames	
If the person compensated is not	t an individual, prov	ide the f	following	j inform	nation.										
Full legal name	of non-individual	PI Fin	ancial (Corp./C	Corpora	tion Fi	nanciè	re Pl							
Fi	rm NRD number	5	2	9	0				((if app	licable)				
Indicate whether the person con	npensated facilitated	the dis	tribution	throug	h a fund	ing port	tal or aı	n inter	net-b	based _j	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 busir	ness con	ntact info	rmatior	n of the	persor	ı beir	ng con	npensated				
Street address															
Municipality							F	Provin	ce/S	State					
Country						F	Postal	code/2	Zip c	code					
Email address							Telep	ohone	nur	nber					
c) Relationship to issuer or investment fund manager															
Indicate the person's relationshi												connect	ed″ in I	Part B	8(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 issue	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)														
Director or officer of th	e investment fund	or invest	tment fu	nd man	ager		Employ	yee of	the i	ssuer	or investr	nent fur	ıd man	ager	
✓ 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 compe or accou	nsation, Inting se	, gifts, dis ervices. A	counts n issuei	or othe r is not	r comp require	oenso ed to	ation. ask fo	Do not rep	ort pay	ments	for se	rvices
Cash commissions pai	id	50.50					Γ	Securi	ity co	de 1	Security	code 2	Secu	rity co	de 3
Value of all securitie	s			Sc	ecurity co	des			,					,	
distributed as compensation	1 ⁴			56		Jues									
Describe te	erms of warrants, op	otions or	r other ri	ights											
Other compensation	h ⁵		Desc	cribe											
Total compensation pai	id	50.50													
✓ Check box if the per	son will or may rec	eive any	/ deferre	ed comp	ensatior	ı (descı	ribe the	terms	belo	ow)					
PI Financial Corp. Shares, 1% on Cla Shares.															ting
⁴ Provide the aggregate value o additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe- ⁵ Do not include deferred compe- additional security of the securit	er. Indicate the sec Iditional securities c	urity cod	les for a												er

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	JER				
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).								
Reporting issuer in any 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 of foreign public issuer								
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷								
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item 1	0.				
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.								
a) Directors, executive office	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 location of non-individual or residentail jurisdiction of individual			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	a	✓		
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or						•		
Organization or company name	Family name First given name Secondary given individual		jurisdiction of individual	Relationship (select one or bo		to promoter oth if applicable)		
				Province or country	D		C)
c) Residential address of eac	h 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	William	R	R.			
	Family name	First given name		Secondary given names			
Title	Portfolio Manager						
Telephone number	6045302301	Email address	will@antriminvestments.com			om	
Signature	"William Granleese"	Date	2023	05	26		
			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	mail address		

Notice - Collection and use of personal information

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

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

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

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

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