Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10168031

ITEM 1 - REPORT TYPE														
✓ New report														
Amended report	TEM 2 - PARTY CERTIFYING THE REPORT													
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 issuer Issuer (other than an investment fund) 													
✓ Issuer (other than an investment fund)														
ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.														
Provide the following informati	on about th	r						ut the fund.						
Full le	gal name	Antrim	Baland	ced Mor	tgag	e Fund	d Ltd.							
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 applicable)														
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 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							Prov	ince/State			1			
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

purcha connec	sers tion	resident	in that j distribu	urisdia	tion of Canad	la only. D	o not includ	le in	iction of Canada, inc Item 7 securities issu nformation provided	ied a	is payment	of comm	issions or f		
a) (Curr	ency													
Select	the c	urrency o	or currei	ncies ii	n which the di	istribution	n was made.	All d	dollar amounts provi	ded i	in the repor	t must b	e in Canad	ian dollars.	
🖌 Ca	anac	lian doll	ar		US dollar		Euro		Other (descril	ce)					
b) [Distr	ibution	date(s))											
as boti	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 2023 05 04														
	2023 03 04 2023 03 11 YYYY MM DD YYYY MM DD														
\ F	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.														
	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 \$														
Secur cod		CUSIP n (if appli			Description of security Securities Invest price Total amount										
PR	S			Clas Shai											
PR	S				s B Series ng Shares	B Series 'B' Preferred Non- 305,393.00 1.0000 305,393.00									
P R	S				s B Series ng Shares	'C' Pre	ferred No	n-	2,160,152.0	00	1.000	00		2,160,152.00	
e) [Deta	ails of rig	ghts an	d con	vertible/exc	hangeat	ole securiti	es							
									e price and expiry dat ms for each converti					exchangeable securities	
Conv excha		e/ ble L	Inderlyin	g	Exe	ercise price	•		Expiry date	Co	onversion				
secur	ity co	ode se	curity co	de	Lowest	anadian \$)	lighest		(YYYY- MM-DD)		ratio	De	scribe other	items (if applicable)	
							-								
f) S	Sumi	mary of	the dis	tribut	ion by jurisd	liction ar	nd exempti	on	·						
purcho distrib This ta purcho jurisdio	 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 country				Ex	cemption relie	ed on		Nu	umber of unio purchaser		Total a	amount (Canadian \$)	
E	Briti	sh Colu	umbia		NI 45-106	2.3 [Ac	credited i	nve	estor]			7		1,321,982.00	
E	Briti	sh Colu	umbia		NI 45-106 NL)	2.9(1) [Offering	mei	morandum] (BC	,		11		232,393.00	
		Ontari	0		NI 45-106	2.3 [Ac	credited i	nve	estor]			3		178,600.00	
		Ontari	0		NI 45-106 (AB, SK, C				emorandum]			5		136,000.00	
·												I			

Manitoba	NI 45-106 2.3 [Accredited investor]	1	470,200.00
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	25,000.00
New Brunswick	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	40,000.00
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	1	76,370.00
	Total dollar amount of se	curities distributed	2,480,545.00
	Total number of unique purchasers ^{2b}	30	

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

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 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 i	he nam	e of the i	ndivid	ual.									
Full legal name of individ	Jual													
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	following	inforn	nation.									
Full legal name o	f non-individual	iA Priv	/ate We	alth Ir	nc./iA Ge	stion	orivée	de pati	rimoine					
Fin	m NRD number	1	5	4	0	0			(if app	licable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes b) Business contact information														
b) Business contact inform	nation													
If a firm NRD number is not prov	ided in Item 8 (a), _F	orovide t	the busin	ess cor	ntact infor	mation	of the	person l	being con	npensated.				
Street address														
Municipality							Р	rovinc	e/State					
Country						P	ostal c	code/Zi	p code					
Email address							Telep	hone r	number					
c) Relationship to issuer o	r investment fun	d mana	ager											
Indicate the person's relationship the Instructions and the meaning											onnecte	d″ in Po	art B(2	2) of
the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)														
Director or officer of the investment fund or investment fund manager														
None of the above														
d) Compensation details														
Provide details of all compensatio Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	mmissions, securiti as clerical, printin	es-based g, legal (d compen or accour	nsation nting s	n, gifts, dis ervices. A	counts n issuei	or othei r is not i	r compe required	ensation. I to ask fo	Do not repo	ort payn	nents fo	or serv	vices
Cash commissions paid	ł	9.25						Security	code 1	Security c	ode 2	Securit	tv code	-3
Value of all securities				c.	ecurity co	doc								
distributed as compensation	4					ues								
Describe ter	rms of warrants, or	otions or	r other rig	ghts										
Other compensation ⁵	;		Desc	ribe										
Total compensation paid	ł	9.25												
Check box if the pers	on will or may reco	eive any	deferred	d com	pensation	(descr	ibe the	terms b	oelow)					
IA Private Wealth In Voting Shares, 1% Voting Shares.														
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe-	r. Indicate the secu ditional securities c	irity coa	les for all											

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	ndivia	lual.											
Full legal name of indiv	vidual															
		Family na	ame			First	t given n	name				Seco	ndary g	iven n	ames]
If the person compensated is no	ot an individual, prov	ide the f	following	inforr	mation.											
Full legal name	of non-individual	RAYN	IOND J	AME	S LTD.											
F	irm NRD number	8	2	4	0				(if	f appl	licable)	1				
Indicate whether the person co.	mpensated facilitated	the dis	tribution	throu	gh a fundi	ng port	al or ar	n intern	net-bo	ased p	oortal.] No	\checkmark] Yes
b) Business contact info	rmation															
If a firm NRD number is not pr	ovided in Item 8 (a), p	orovide t	the busine	ess co	ntact info	mation	of the	person	being	g con	npensa	ted.				
Street address																
Municipality							F	Provinc	ce/St	tate						
Country						Р	ostal o	code/Z	Zip co	ode						
Email address							Telep	hone	num	ber						
c) Relationship to issuer	or investment fun	d mana	ager													
Indicate the person's relationsh the Instructions and the meani											ining o	f "co	nnecte	d″ in I	Part E	B(2) of
Connect with the issu	ier or investment fur	id mana	ger				Insider	of the	issue	er (oth	ner tha	n an	investi	ment f	fund)	
Director or officer of t	Director or officer of the investment fund or investment fund manager															
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-based g, legal	d compen or accour	satior nting s	n, gifts, dis services. A	counts o n issuer	or othe is not i	r comp require	ensat d to c	tion. L ask fo	Do not	repoi	rt payn	nents	for se	ervices
Cash commissions pa	aid	32.83					Γ	Securit	y cod	e 1	Secu	ity co	de 2	Secu	rity co	ode 3
Value of all securitie	es			S	Security co	des										
distributed as compensation	on ⁴			Ŭ		400										
Describe	erms of warrants, op	otions or	r other rig	ghts												
Other compensatio	n⁵		Desc	ribe												
Total compensation pa	aid	32.83														
✓ Check box if the pe	erson will or may rec	eive any	deferred	d com	pensation	(descr	ibe the	terms	belov	N)						
	Ltd. will receive an % on Class B Serie															
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 sec dditional securities d	urity cod	les for all													er

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person co	npensated is a regist	rant.		[No		\checkmark	Yes					
If the person compensated is ar	individual, provide	the name	e of the l	individı	ual.								
Full legal name of indiv	idual												
		Family na	ame			First	t given n	ame		Seco	ondary g	iven name	es
If the person compensated is no	t an individual, prov	ide the f	ollowing	inform	nation.								
Full legal name	of non-individual	PI Fina	ancial (Corp./C	Corporat	ion Fir	nancièr	e Pl					
F	irm NRD number	5	2	9	0				(if app	licable)			
Indicate whether the person co	mpensated facilitated	l the dist	ribution	throug	ıh a fund	ng port	al or an	interne	et-based p	oortal.		No [✓ Yes
b) Business contact infor	mation												
If a firm NRD number is not pro	ovided in Item 8 (a), µ	orovide t	he busin	ness cor	ntact info	rmation	of the p	person l	being con	npensated.			
Street address													
Municipality							Р	rovince	e/State				
Country						Ρ	ostal c	ode/Zi	p code				
Email address							Telep	hone r	number				
c) Relationship to issuer	or investment fun	d mana	ger										
Indicate the person's relationsh the Instructions and the meanir											onnecte	d" in Par	t B(2) of
Connect with the issu	-			·				-		ner than an	i investr	nent fun	d)
Director or officer of t	he investment fund (or invest	ment fu	nd mar	nager		Employ	ee of th	e issuer	or investm	ent fund	d manaq	er
None of the above	 Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager 												
d) Compensation details													
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-basea g, legal o	l comper or accou	nsation nting s	, gifts, dis ervices. A	counts o n issuer	or other is not r	· compe equired	nsation. I to ask fo	Do not repo	ort payn	nents for	services
Cash commissions pa	id	2.08						Security	code 1	Security c	ode 2	Security	code 3
Value of all securitie	es l			6	ourity or	doo							
distributed as compensatio	n ⁴			3	ecurity co	ues					11		
Describe t	erms of warrants, or	otions or	other rig	ghts									
Other compensatio	n ⁵		Desc	ribe									
Total compensation pa	id	2.08											
Check box if the pe	rson will or may rec	eive any	deferre	d comp	pensatior	(descri	ibe the	terms b	elow)				
PI Financial Corp. Shares, 1% on Cl Shares.													
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	ier. Indicate the seco dditional securities o	urity cod	les for al										

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	12		
			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.