Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE	ITEM 1 - REPORT TYPE							
✓ New report								
Amended report If amer	nded, provide filing date	of report that is being am	ended (YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING THE	REPORT							
Indicate the party certifying the report (sele National Instrument 81-106 Investment Fu								
☐ Investment fund issuer								
✓ Issuer (other than an inves	stment fund)							
Underwriter								
ITEM 3 - ISSUER NAME AND OTH	HER IDENTIFIERS							
Provide the following information about the	e issuer, or if the issuer is an in	vestment fund, about the fund.						
Full legal name	Antrim Balanced Morto	gage Fund Ltd.						
Previous full legal name								
If the issuer's name changed in	the last 12 months, provide mo	ost recent previous legal name.						
Website	www.antriminvestment	s.com	(if applicable)					
If the issuer has a legal entity identifier. pro	ovide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".					
Legal entity identifier								
ITEM 4 - UNDERWRITER INFORM	IATION							
		' Com National Day	*** ** D. (4.100) must be					
If an underwriter is completing the report, p	orovide the underwriter's fuil le	gal name and firm National keg 	istration Database (NKD) number.					
Full legal name								
Firm NRD number		(if applicable)						
If the underwriter does not have a firm NRL	D number, provide the head off	ice contact information of the ur	nderwriter.					
Street address								
Municipality		Province/State						
Country		Postal code/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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . NAICS industry code 5 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 is to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commerial/business debt Consumer debt Private companies						
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 MM DD MM DD						
f) Reporting issuer status						
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.						
Exchange name(s):						
h) Size of issuer's assets						
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date.						
□ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M						
☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over						

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION							
If the issuer is an invest	If the issuer is an investment fund, provide the following information.						
a) Investment fund m	anager informaiton						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
	Dravings/Ctate						
Municipality	Province/State Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investmen	t fund						
Type of investment fund the	at most accurately identifies the issuer (select only one) .						
Money market	Equity Fixed income						
Balanced	Alternative strategies Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
	ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) ve investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
	and financial year-end of the investment fund						
Date of forma							
Date of forma	YYYY MM DD MM DD						
d) Reporting issuer st	tatus of the investment fund						
	oorting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions All	of Canada in which the investment fund is a reporting issuer. AB						
e) Public listing status	NU ON PE QC SK YT s of the investment fund						
i ine arrestment fana nas e	If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number						
If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for							
which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.							
Exchage name	is						
f) Net asset value (NA	AV) of the investment fund						
	Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500							
	YYYY MM DD						

Item 7 - Information About the Distribution If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. ✓ Canadian dollar US dollar ☐ Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2016 2016 07 07 07 14 חח MM DD YYYYDetailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions that take place in a jurisdiction of Canada on a per security basis. Refer to Part A 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 \$

					Cariadian	
Secur	·	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
PR	S	Class A Preferred Non-Voting Shares - \$1,308,724.00 Class B Series "B" Preferred Non-Voting Shares - \$253,526.00 Class B Series "C" Preferred Non-Voting Shares - \$1,323,011.00	96.00	1.0000	1.0000	2,885,261.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Security code		Underlying security code		_	Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)	
			Lowest	Highest						

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	95	2,880,261.00
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	5,000.00
	2,885,261.00		

²In 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. 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)

Item 8 - Compensation Information							
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.							
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No ✓ Yes If yes, indicate number of persons compensated. 16							
a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Yes							
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual Bain Linda							
Family name First given name Secondary given names							
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual							
Firm NRD number (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.	o 🔽 Yes						
b) Business contact information							
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.							
Street address 1708 Vancouver St							
Municipality Victoria Province/State British Columbia							
Country Canada Postal code/Zip code V8T 5M1							
Email address Iinda.bain@holliswealth.com Telephone number 2503834178							
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" 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.	in Part						
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment	t fund)						
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager	anager						
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payme services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.	nts for						
Cash commissions paid 5.48 Security codes Security code 1 Security code 2 Security code 3 Secu	curity code 3						
Value of all securities distributed as compensation ⁴							
Describe terms of warrants, options or other rights							
Other compensation ⁵ Describe							
Total compensation paid 5.48							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to a additional securities of the issuer. Including options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.							

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is an individual, provide the name of the individual.							
Full legal name of ind	ividual	Greenfeld		Jeff			
		Family name		First given nam	ne Sec	condary given names	
If the person compensated	is not an individ	ual, provide the followir	ng informatio	n.			
Full legal name	e of non-indivi	dual					
	Firm NRD number (if applicable)						
Indicate whether the perso	n compensated f	acilitated the distribution	n through a	funding porta	l or an internet-ba	sed portal.	No √ Yes
b) Business contact info	•			3,		,	
If a firm NRD number is not	provided in Iten	8 (a), provide the busin	ness contact i	nformation of	f the person being	compensated.	
Street address	205-4841 De	Ita St					
Municipality	Delta				Province/State	British Colum	nbia
Country	Canada		=	Posta	al code/Zip code	V4K 2T9	
Email address	ieff@greenfe	Idfinancial.com		Tel	ephone number	6049408617	===
c) Relationship to issue	-					00 10 1000 11	
Indicate the person's relation			manager (se	lect all that a	pply). Refer to the i	meaning of "conne	 cted" in Part
B(2) of the Instructions and	the meaning of '	'control" in section 1.4 c	of NI 45-106 ;	for the purpos	es of completing th	is section.	
Connect with the iss	uer or investme	nt fund manager		Insid	ler of the issuer (o	ther than an inves	iment fund)
Director or officer of	the investment	fund or investment fund	d manager	Emp	loyee of the issue	r or investment fur	id manager
✓ None of the above							
d) Compensation detail							
Provide details of all comper Canadian dollars. Include ca	•						
services incidental to the dist							
on, internal allocation arran	gements with the	e directors, officers or en	nployees of a	non-individu	al compensated by	the issuer.	
Cash commissions p	paid	4.11	Security	codes	Security code 1	Security code 2	Security code 3
Value of all securit distributed							
compensati							
Describe	terms of warrar	its, options or other right	nts				
Other compensati	on ⁵	Descri	be				
Total compensation paid 4.11							
Check box if the p	erson will or ma	y receive any deferred	compensation	on (describe t	he terms below)		
⁴ Provide the aggregate value							
additional securities of the rights exercisable to acquir	e additional sec		ui securities (iistridutea as	compensation, <u>inc</u>	auaing options, wa	III ANIS OF OTNER
⁵Do not include deferred co	mpensation.						

a) Name of person compensated and registration status								
Indicate whether the person	Indicate whether the person compensated is a registrant. No Yes							
If the person compensated is a	n individual, provide the	name of the indi	vidual.					
Full legal name of indivi	dual Belo	her	No					
	Family r	ame	First giver	name S	econdary given names			
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person o	compensated facilitated	the distribution th	rough a funding p	oortal or an internet-l	based portal. No 📝 Yes			
b) Business contact inform	nation							
If a firm NRD number is not p	ovided in Item 8 (a), pro	vide the business	contact informati	on of the person bein	g compensated.			
Street address	4-1480 Foster St							
Municipality V	Vhite Rock			Province/Sta	te British Columbia			
Country C	Canada		Р	ostal code/Zip cod	de V4B 3X7			
Email address r	oah.belcher@hollisv	/ealth.c		Telephone number	er 6045421552			
	m							
c) Relationship to issuer of	or investment fund m	anager						
Indicate the person's relationsl B(2) of the Instructions and the	· · · · · · · · · · · · · · · · · · ·		-		e meaning of "connected" in Part this section.			
Connect with the issue	r or investment fund ma	anager		Insider of the issuer	(other than an investment fund)			
Director or officer of th	e investment fund or in	estment fund ma	nager	Employee of the issu	uer or investment fund manager			
✓ None of the above								
d) Compensation details								
Canadian dollars. Include cash services incidental to the distrib	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions pai	d 4.1	1 ,	`aayrity aadaa	Security code	1 Security code 2 Security code 3			
Value of all securities distributed as compensation	;	j	Security codes		Cooliny code 2 Cooliny code o			
•	rms of warrants, option	 s or other rights						
Other compensation								
•	Total compensation paid 4.11							
Check box if the per	Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant. No Yes								
If the person compensated is ar	n individual, provide the name of the ir	dividual.						
Full legal name of individ	dual Chanin	Laura						
	Family name	First given name Sec	ondary given names					
If the person compensated is not an individual, provide the following information.								
Full legal name of non-individual								
Firm	Firm NRD number (if applicable)							
Indicate whether the person co	compensated facilitated the distribution	through a funding portal or an internet-bas	sed portal. No 📝 Yes					
b) Business contact inform	mation							
If a firm NRD number is not pro	ovided in Item 8 (a), provide the busine	ss contact information of the person being o	compensated.					
Street address 3	01 - 15252 32nd Avenue							
Municipality S	Surrey	Province/State	British Columbia					
Country C	Canada	Postal code/Zip code	V3Z 0R7					
Email address	aura.chanin@holliswealth.c	Telephone number	6046691143					
	om		00 1000 11 10					
c) Relationship to issuer o	or investment fund manager							
B(2) of the Instructions and the	meaning of "control" in section 1.4 of	nanager (select all that apply). Refer to the r NI 45-106 for the purposes of completing th	is section.					
Connect with the issue	er or investment fund manager	Insider of the issuer (of	her than an investment fund)					
Director or officer of the	e investment fund or investment fund	nanager Employee of the issuer	or investment fund manager					
None of the above								
d) Compensation details								
Canadian dollars. Include cash of services incidental to the distrib	Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions paid	d 1.18	Security codes Security code 1	Security code 2 Security code 3					
Value of all securities distributed as compensation	s	Security codes Security code 1	Goodiny Good 2					
·	rms of warrants, options or other right	;						
Other compensation ⁵	5 Describe							
Total compensation paid 1.18								
Check box if the pers	Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.								

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual	Dass	ŀ	(rish				
Fa	mily name	First giv	en name	Seco	ndary given names		
If the person compensated is not an individual,	provide the following	information.					
Full legal name of non-individual							
Firm NRD number	Firm NRD number (if applicable)						
Indicate whether the person compensated facili	tated the distribution	through a fundin	g portal or aı	n internet-base	d portal. No 🔽 `	Yes	
b) Business contact information							
If a firm NRD number is not provided in Item 8 (d	a), provide the busines	ss contact inform	ation of the p	person being co	mpensated.		
Street address 100-3688 Chatha	am St						
Municipality Richmond			Pro	vince/State	British Columbia		
Country Canada			Postal coo	de/Zip code	V7E 2Z2		
Email address krish.dass@hollis	swealth.co		Telepho	ne number	6042771835		
m	ad managar						
c) Relationship to issuer or investment ful Indicate the person's relationship with the issuer		anaaer (select ali	that annly)	Refer to the m	eaning of "connected" in Part		
B(2) of the Instructions and the meaning of "cont							
Connect with the issuer or investment fu	nd manager		Insider of	the issuer (oth	er than an investment fund)		
Director or officer of the investment fund	or investment fund n	nanager	Employee	of the issuer	or investment fund manager		
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be Canadian dollars. Include cash commissions, secu	rities-based compens	ation, gifts, disco	unts or other	compensation	Do not report payments for		
services incidental to the distribution, such as cler on, internal allocation arrangements with the dire		-		•	· · · · · · · · · · · · · · · · · · ·	ort	
Cash commissions paid	1.03		80	ecurity code 1	Security code 2 Security code	2	
Value of all securities		Security codes	36	Curry code 1	Security code 2 Security code	3	
distributed as compensation ⁴							
Describe terms of warrants, or	pptions or other rights	s [
Other compensation ⁵	Describe						
Total compensation paid	1.03						
Check box if the person will or may red	ceive any deferred co	empensation (des	scribe the ter	rms below)			
⁴ Provide the aggregate value of all securities di additional securities of the issuer. Indicate the s rights exercisable to acquire additional securitie ⁵ Do not include deferred compensation.	ecurity codes for all s					r	

a) Name of person compensated and registration status					
Indicate whether the person compensated is a registrant. No Yes					
If the person compensated is an	n individual, provide the name of the in	dividual.			
Full legal name of individ	dual Smilie	Ryan			
	Family name	First given name	Secondary given names		
If the person compensated is n	not an individual, provide the following	information.			
Full legal name of	of non-individual				
Firn	m NRD number		(if applicable)		
Indicate whether the person co	ompensated facilitated the distribution	through a funding portal or an inter	net-based portal. No 📝 Yes		
b) Business contact inform	nation				
If a firm NRD number is not pro	ovided in Item 8 (a), provide the busine	ss contact information of the person	being compensated.		
Street address 69	90-1385 8th Ave W				
Municipality Va	'ancouver	Province	/State British Columbia		
Country	Canada	Postal code/Zip	code V6H 3V9		
Email address ry	yan.smilie@holliswealth.co	Telephone nu	umber 6047398575		
<u>m</u>					
	or investment fund manager	() () () () () ()			
	nip with the issuer or investment fund n r meaning of "control" in section 1.4 of t				
Connect with the issuer	r or investment fund manager	Insider of the iss	suer (other than an investment fund)		
Director or officer of the	e investment fund or investment fund i	nanager Employee of the	e issuer or investment fund manager		
None of the above					
d) Compensation details					
			rith the distribution. Provide all amounts in		
	commissions, securities-based compens		ensation. Do not report payments for t required to ask for details about, or report		
	ments with the directors, officers or emp				
Cash commissions paid	1.10	Constitution of the consti			
Value of all securities		Security codes Security of	code 1 Security code 2 Security code 3		
distributed as compensation ⁴	:				
·	rms of warrants, options or other rights				
Other compensation ⁵					
Total compensation paid					
Check box if the person	son will or may receive any deferred co	ompensation (describe the terms be	elow)		
	, ,		,		
^⁴ Provide the aggregate value o	of all securities distributed as compen	sation, excluding options, warrants	or other rights exercisable to acquire		
	uer. Indicate the security codes for all additional securities of the issuer.	securities distributed as compensat	ion, <u>including</u> options, warrants or other		
⁵ Do not include deferred comp					

a) Name of person compensated and registration status						
Indicate whether the perso	on compensated i	s a registrant.	☐ No	✓ Yes		
If the person compensated is	an individual, pr	ovide the name of the ind	lividual.			
Full legal name of indi	vidual	Fabre	Jennif	Jennifer		
		Family name	First given n	ame Seco	ondary given names	
If the person compensated	is not an individu	al, provide the following	information.			
Full legal name	of non-individ	ual				
F	Firm NRD numb	per		(if app	licable)	
Indicate whether the person	n compensated fa	cilitated the distribution t	hrough a funding po	rtal or an internet-base	ed portal.	No ✓ Yes
b) Business contact info	rmation					
If a firm NRD number is not	provided in Item	8 (a), provide the busines	s contact information	of the person being co	ompensated.	
Street address	700 - 609 Gra	nville Street				
Municipality	Vancouver			Province/State	British Colum	bia
Country	Canada		Pos	stal code/Zip code	V7Y 1G5	
Email address			ד	elephone number	6048953475	
c) Relationship to issue	r or investment	fund manager				
Indicate the person's relation B(2) of the Instructions and t	•		-		-	ted" in Part
Connect with the iss	uer or investmen	t fund manager	☐ In	sider of the issuer (oth	ner than an invest	ment fund)
Director or officer of	the investment fu	ınd or investment fund m	ıanager 🔲 Eı	mployee of the issuer	or investment fund	d manager
✓ None of the above						
d) Compensation details	3					
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	sh commissions, s ribution, such as c	ecurities-based compenso clerical, printing, legal or	ntion, gifts, discounts accounting services.	or other compensation An issuer is not require	n. Do not report pa ed to ask for details	yments for
Cash commissions p	aid	0.55	Security codes	Security code 1	Security code 2	Security code 3
Value of all securiti distributed			•			
compensation						
Describe	terms of warrant	s, options or other rights				
Other compensation		Describe				
Total compensation pa	aid	0.55				
Check box if the pe	erson will or may	receive any deferred co	mpensation (describ	e the terms below)		
⁴ Provide the aggregate valuadditional securities of the inglishing rights exercisable to acquire 5Do not include deferred co	ssuer. Indicate the e additional secu	e security codes for all s				

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is	If the person compensated is an individual, provide the name of the individual.						
Full legal name of indi	vidual	Arnold	А	aron			
	F	amily name	First giv	en name	Secondary give	n names	
If the person compensated	is not an individual,	provide the following	information.				
Full legal name	e of non-individua	1					
I	Firm NRD number (if applicable)						
Indicate whether the person	n compensated facil	itated the distribution i	hrough a fundin	g portal or an interi	net-based portal.	☐ No 🗸 Yes	
b) Business contact info	ormation						
If a firm NRD number is not	provided in Item 8	a), provide the busines	s contact inform	ation of the person	being compensat	ed.	
Street address	690-1385 8th Av	re W					
Municipality	V			Province/	State British	Columbia	
Country	Canada		_]	Postal code/Zip	code V6H 3	V9	
Email address	aaron.arnold@h	olliswealth.c	-	Telephone nu	mber 60472	02944	
	om						
c) Relationship to issue		——————————————————————————————————————					
Indicate the person's relation B(2) of the Instructions and						"connected" in Part	
Connect with the iss	uer or investment for	und manager		Insider of the iss	uer (other than a	n investment fund)	
Director or officer of	the investment fund	d or investment fund m	anager	Employee of the	issuer or investn	nent fund manager	
✓ None of the above							
d) Compensation detail	S						
Provide details of all compen							
Canadian dollars. Include ca services incidental to the dist							
on, internal allocation arrang							
Cash commissions p	paid	1.25	Coourity codes	Security c	ode 1 Security	code 2 Security code 3	
Value of all securit			Security codes	Security of	Ode 1 Occurry	South 2 Gooding code 5	
distributed compensati							
·		 options or other rights					
Other compensation	on ⁵	Describe					
Total compensation p	aid	1.25					
Check box if the p	erson will or may re	ceive any deferred co	mpensation (des	scribe the terms be	low)		
⁴Provide the aggregate valu							
additional securities of the rights exercisable to acquire			ecurities distribu	ited as compensati	ion, <u>including</u> opt	ions, warrants or other	
⁵ Do not include deferred co							

a) Name of person compensated and registration status						
Indicate whether the person compensated is a registrant. No Ves						
If the person compensated is	If the person compensated is an individual, provide the name of the individual.					
Full legal name of ind	vidual	Teague	-	Taylor		
		amily name	First g	iven name	Seconda	ary given names
If the person compensated	is not an individua	l, provide the following	information.			
Full legal name	e of non-individu	al				
1	Firm NRD numbe	er 📗			(if applica	ble)
Indicate whether the perso	n compensated fac	litated the distribution	through a fundii	ng portal or an inter	net-based p	oortal. ☐ No 🗸 Yes
b) Business contact info	ormation					
If a firm NRD number is not	provided in Item 8	(a), provide the busine	ss contact inforn	nation of the person	being comp	pensated.
Street address	20688 56 Ave					
Municipality	Langley			Province	/State	British Columbia
Country	Canada			Postal code/Zip	code	/3A 3Z1
Email address	taylor.teague@	holliswealth.c		Telephone nu	ımber 6	6045346624
a) Relationship to issue	om	und manager				
c) Relationship to issue			angger (coloct g	II that apply) Pafor:	to the mean	oing of "connected" in Dart
B(2) of the Instructions and						
Connect with the iss	uer or investment	und manager		Insider of the iss	suer (other	than an investment fund)
Director or officer of	the investment fur	d or investment fund r	nanager	Employee of the	issuer or i	nvestment fund manager
✓ None of the above						
d) Compensation detail	s					
						ribution. Provide all amounts in
Canadian dollars. Include ca						o not report payments for oask for details about, or report
on, internal allocation arrang			_		-	
Cash commissions p	paid	3.37	Security codes	Security of	code 1 Se	ecurity code 2 Security code 3
Value of all securit			Security codes			
distributed compensati						
•		options or other rights	,			
Other compensati	on ⁵	Describe				
Total compensation p	aid	3.37				
Check box if the p	erson will or may r	eceive any deferred co	ompensation (de	scribe the terms be	elow)	
⁴ Provide the aggregate value						
additional securities of the rights exercisable to acquir			securities distrib	uted as compensat	ion, <u>includii</u>	ing options, warrants or other
⁵ Do not include deferred co						

a) Name of person compensated and registration statu	S					
Indicate whether the person compensated is a registrant. No Yes						
If the person compensated is an individual, provide the name of the individual.						
Full legal name of individual Pink		Stepl	hen			
Family name	-	First given	name	Seco	ndary given names	
If the person compensated is not an individual, provide the follo	owing infor	rmation.				
Full legal name of non-individual						
Firm NRD number (if applicable)						
Indicate whether the person compensated facilitated the distrib	ution throu	ugh a funding p	ortal or	an internet-base	ed portal. No 📝 Yes	
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a), provide the b	usiness cor	ntact informatio	on of the	person being co	ompensated.	
Street address 100-3688 Chatham St						
Municipality Richmond			Pr	ovince/State	British Columbia	
Country Canada		Р	ostal co	ode/Zip code	V7E 2Z2	
Email address stephen.pink@holliswealth.c om			Teleph	one number	6042771835	
c) Relationship to issuer or investment fund manager						
Indicate the person's relationship with the issuer or investment fu	und manag	ger (select all th	at apply,). Refer to the m	eaning of "connected" in Part	
B(2) of the Instructions and the meaning of "control" in section 1	.4 of NI 45	5-106 for the pu	rposes o	f completing this	s section.	
Connect with the issuer or investment fund manager			nsider o	f the issuer (oth	er than an investment fund)	
Director or officer of the investment fund or investment f	fund mana	nger 🔲 I	Employe	e of the issuer of	or investment fund manager	
✓ None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the per-						
Canadian dollars. Include cash commissions, securities-based con services incidental to the distribution, such as clerical, printing, le						
on, internal allocation arrangements with the directors, officers of	-	-		-	· · · · · · · · · · · · · · · · · · ·	
Cash commissions paid 0.57	Soo	curity codes	S	Security code 1	Security code 2 Security code 3	
Value of all securities	360	curity codes		l l	South, sous 2 Seeding sous 5	
distributed as compensation ⁴						
Describe terms of warrants, options or other	rights					
Other compensation ⁵ Dec	scribe					
Total compensation paid 0.57	<u> </u>					
Check box if the person will or may receive any deferi	red compe	ensation (descri	be the te	erms below)		
⁴ Provide the aggregate value of all securities distributed as con						
additional securities of the issuer. Indicate the security codes for rights exercisable to acquire additional securities of the issuer.		rities distributed	as con	npensation, <u>incli</u>	uding options, warrants or other	
⁵ Do not include deferred compensation.						

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is	If the person compensated is an individual, provide the name of the individual.						
Full legal name of ind	ividual	Booth		David			
	F	amily name	First g	iven name	Secor	ndary given name	 >S
If the person compensated	is not an individual	provide the following	information.				
Full legal name	e of non-individua	d					
1	Firm NRD number (if applicable)						
Indicate whether the perso	n compensated faci	itated the distribution	through a fundi	ng portal or an inter	net-base	d portal.	No ✓ Yes
b) Business contact info	ormation						
If a firm NRD number is not	provided in Item 8	(a), provide the busines	s contact inform	nation of the person	being co	mpensated.	
Street address	20688 56 Ave						
Municipality	Langley]	Province	/State	British Colu	mbia
Country	Canada			Postal code/Zip	code	V3A 3Z1	
Email address	david.booth@ho	olliswealth.co		Telephone nu	umber	6045346624	4
a) Relationship to issue	m r or investment fo	and manager					
c) Relationship to issue Indicate the person's relation			anagar (salast a	II that apply) Pofor	to the me	ganing of "conn	poctod" in Part
B(2) of the Instructions and							ectea in Fant
Connect with the iss	uer or investment f	und manager		Insider of the iss	suer (oth	er than an inve	stment fund)
Director or officer of	the investment fun	d or investment fund n	nanager	Employee of the	e issuer c	or investment fu	ınd manager
✓ None of the above							
d) Compensation detail	S						
Provide details of all comper							
Canadian dollars. Include ca services incidental to the dist							
on, internal allocation arrang							nes about, or report
Cash commissions p	paid	6.44	Security codes	Security	code 1	Security code 2	Security code 3
Value of all securit			Security codes				
distributed compensati							
•		 options or other rights					
Other compensati		Describe					
Total compensation p		6.44					
Check box if the p	erson will or may re	eceive any deferred co	mpensation (de	escribe the terms be	elow)		
⁴ Provide the aggregate value							
additional securities of the rights exercisable to acquir			ecurities distrib	uted as compensat	tion, <u>inclu</u>	<u>ıding</u> options, v	varrants or other
⁵ Do not include deferred co							

a) Name of person compensated and registration status						
Indicate whether the person compensated is a registrant. No Yes						
If the person compensated is a	n individual, provid	le the name of the ind	ividual.			
Full legal name of individ	dual	Kessler	John			
	Fa	mily name	First given nam	ne Seco	ndary given names	
If the person compensated is i	not an individual, p	provide the following in	nformation.			
Full legal name o	of non-individual					
Fin	m NRD number			(if appl	icable)	
Indicate whether the person c	compensated facilit	ated the distribution t	nrough a funding porta	ıl or an internet-base	ed portal.	No ✓ Yes
b) Business contact inform	mation					
If a firm NRD number is not pr	ovided in Item 8 (a), provide the business	contact information of	f the person being co	ompensated.	
Street address 2	.024-7445 132 S	t				
Municipality S	Surrey			Province/State	British Columb	oia
Country C	Canada		Posta	al code/Zip code	V3W 1J8	
'	ohn.kessler@hol	liswealth.c	Tel	lephone number	6045920400	
c) Relationship to issuer of	or investment fur	d manager				
Indicate the person's relationsh			nager (select all that a	nnlv) Refer to the m	eanina of "connect	 ted" in Part
B(2) of the Instructions and the	•		-		-	
Connect with the issue	er or investment fur	nd manager	Insid	der of the issuer (oth	er than an investr	nent fund)
Director or officer of the	e investment fund	or investment fund m	anager	oloyee of the issuer	or investment fund	d manager
✓ None of the above						
d) Compensation details						
Provide details of all compensa						
Canadian dollars. Include cash services incidental to the distrib						
on, internal allocation arranger						about, or report
Cash commissions paid	d	0.41		Security code 1	Coourity code 2	Coourity and 2
Value of all securities	; <u> </u>		Security codes	Security code 1	Security code 2	Security code 3
distributed as compensation						
·		otions or other rights				
Other compensation		Describe				
Total compensation paid		0.41				
Check box if the pers	son will or may rec		npensation (describe t	he terms below)		
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
^⁴ Provide the aggregate value	of all securities dis	tributed as compensa	ntion, <u>excluding</u> options	s, warrants or other	rights exercisable	to acquire
additional securities of the iss rights exercisable to acquire a	uer. Indicate the se	ecurity codes for all se				
Do not include deferred comp						

a) Name of person compensated and registration status							
Indicate whether the person com	Indicate whether the person compensated is a registrant. No Yes						
If the person compensated is an inc	dividual, provide the name of the ind	ividual.					
Full legal name of individual	Mohr	Chris					
	Family name	First given name	e Seco	ondary given names			
If the person compensated is not o	an individual, provide the following i	nformation.					
Full legal name of no	on-individual						
Firm N	IRD number	T T	(if app	licable)			
Indicate whether the person comp	pensated facilitated the distribution to	hrough a funding portal	l or an internet-base	ed portal. No 🗸 Yes			
b) Business contact informati		3 , 3,		,			
If a firm NRD number is not provid	ed in Item 8 (a), provide the business	contact information of	the person being co	ompensated.			
Street address Box	1391, 174 W Morison Ave						
Municipality Park	sville]	Province/State	British Columbia			
Country	ada] Posta	Il code/Zip code	V9P 2H3			
- 1 1	.mohr@holliswealth.co	J	ephone number				
m	.mon enomsweath.co			2502482399			
c) Relationship to issuer or in	vestment fund manager						
	vith the issuer or investment fund ma aning of "control" in section 1.4 of N			-			
Connect with the issuer or	investment fund manager	Inside	er of the issuer (oth	ner than an investment fund)			
Director or officer of the inv	vestment fund or investment fund m	anager	loyee of the issuer	or investment fund manager			
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash com services incidental to the distributio	paid, or to be paid, to the person ide missions, securities-based compensa n, such as clerical, printing, legal or a ts with the directors, officers or empla	tion, gifts, discounts or o	other compensation issuer is not require	n. Do not report payments for d to ask for details about, or report			
Cash commissions paid	2.77	Socurity and a	Security code 1	Security code 2 Security code 3			
Value of all securities		Security codes	Coodiny sous 1				
distributed as compensation ⁴							
Describe terms	of warrants, options or other rights						
Other compensation ⁵	Describe						
Total compensation paid	2.77						
Check box if the person	will or may receive any deferred cor	npensation (describe th	ne terms below)				

a) Name of person compensated and registration status					
Indicate whether the pers	on compensated is a	registrant.	☐ No	✓ Yes	
If the person compensated i	s an individual, prov	ide the name of the ind	lividual.		
Full legal name of ind	ividual	Lapa	Lo	uie	
	F	amily name	First give	n name Sec	ondary given names
If the person compensated	is not an individual	provide the following i	nformation.		
Full legal name	e of non-individua	ıl 💮			
I	Firm NRD numbe	r		(if app	plicable)
Indicate whether the perso	n compensated faci	itated the distribution t	hrough a funding	portal or an internet-bas	sed portal. No 🗸 Yes
b) Business contact info	ormation				
If a firm NRD number is not	provided in Item 8	(a), provide the busines:	s contact informati	ion of the person being o	compensated.
Street address	700 - 609 Granv	rille Street			
Municipality	Vancouver			Province/State	British Columbia
Country	Canada		F	Postal code/Zip code	V7Y 1G5
Email address	louie.lapa@holl	swealth.com	_	Telephone number	6048953322
c) Relationship to issue	er or investment fu	ınd manager			
<u>•</u>	•	· ·	•		neaning of "connected" in Part
B(2) of the Instructions and	•				
Connect with the iss		•		·	her than an investment fund)
	the investment fun	d or investment fund m	anager	Employee of the issuer	or investment fund manager
None of the above					
d) Compensation detail		: - : : - : - : - : - : -		\	distribution Describe all accounts in
	•				distribution. Provide all amounts in n. Do not report payments for
services incidental to the dist	tribution, such as cle	rical, printing, legal or	accounting service	s. An issuer is not require	ed to ask for details about, or report
on, internal allocation arran	gements with the di	rectors, officers or empl	oyees of a non-ind	ividual compensated by	the issuer.
Cash commissions p	paid	0.55	Security codes	Security code 1	Security code 2 Security code 3
Value of all securit distributed			•		
compensati					
Describe	terms of warrants,	options or other rights			
Other compensati	on ⁵	Describe			
Total compensation p	paid	0.55			
Check box if the p	erson will or may re	eceive any deferred cor	mpensation (desc	ribe the terms below)	
⁴ Provide the aggregate val	ue of all securities of	listributed as compensa	ation, <u>excluding</u> o _l	otions, warrants or othe	r rights exercisable to acquire
	issuer. Indicate the	security codes for all s			luding options, warrants or other
⁵ Do not include deferred co					

a) Name of person compensated and registration status							
Indicate whether the person	Indicate whether the person compensated is a registrant. No Yes						
If the person compensated is a	If the person compensated is an individual, provide the name of the individual.						
Full legal name of individ	dual Shipton	Paul					
	Family name	First given name Secondary given names					
If the person compensated is I	not an individual, provide the followi	g information.					
Full legal name o	of non-individual						
Fin	Firm NRD number (if applicable)						
Indicate whether the person c	compensated facilitated the distribution	n through a funding portal or an internet-based portal. No 📝 Yes					
b) Business contact inform	mation						
If a firm NRD number is not pro	rovided in Item 8 (a), provide the busi	ess contact information of the person being compensated.					
Street address 2	202 - 938 Gibsons Way						
Municipality G	Gibsons	Province/State British Columbia					
Country C	Canada	Postal code/Zip code V0N 1V7					
Email address p	paul.shipton@holliswealth.c	Telephone number 6048869111					
	om						
	or investment fund manager						
· · · · · · · · · · · · · · · · · · ·		manager (select all that apply). Refer to the meaning of "connected" in Part f NI 45-106 for the purposes of completing this section.					
Connect with the issue	er or investment fund manager	Insider of the issuer (other than an investment fund)					
Director or officer of the	e investment fund or investment fund	manager Employee of the issuer or investment fund manager					
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash services incidental to the distrib	commissions, securities-based compe oution, such as clerical, printing, legal	identified in Item 8(a) in connection with the distribution. Provide all amounts in insation, gifts, discounts or other compensation. Do not report payments for or accounting services. An issuer is not required to ask for details about, or report iployees of a non-individual compensated by the issuer.					
Cash commissions paid	d 0.15	Security codes Security code 1 Security code 2 Security code 3					
Value of all securities distributed as compensation	5	Security codes Security code 1 Security code 2 Security code 3					
·	rms of warrants, options or other rigi	ts					
Other compensation ⁵	5 Descri	pe					
Total compensation paid	d 0.15						
Check box if the pers	son will or may receive any deferred	compensation (describe the terms below)					
additional securities of the issu	uer. Indicate the security codes for a additional securities of the issuer.	nsation, <u>excluding</u> options, warrants or other rights exercisable to acquire Il securities distributed as compensation, <u>including</u> options, warrants or other					

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Yes							
If the person compensated is ar	If the person compensated is an individual, provide the name of the individual.						
Full legal name of individ	dual Duric	Omar					
	Family name	First given name Secondary given names					
If the person compensated is r	not an individual, provide the follo	owing information.					
Full legal name o	of non-individual						
Firm	Firm NRD number (if applicable)						
Indicate whether the person co	ompensated facilitated the distrib	bution through a funding portal or an internet-based portal. No 📝 Yes					
b) Business contact inform	nation						
If a firm NRD number is not pro	ovided in Item 8 (a), provide the b	business contact information of the person being compensated.					
Street address 2	02 - 938 Gibsons Way						
Municipality G	Gibsons	Province/State British Columbia					
Country	Canada	Postal code/Zip code V0N 1V7					
Email address o	mar.duric@holliswealth.co	Telephone number 6048869111					
lm	1						
c) Relationship to issuer o	or investment fund manager						
B(2) of the Instructions and the	meaning of "control" in section 1	fund manager (select all that apply). Refer to the meaning of "connected" in Part 1.4 of NI 45-106 for the purposes of completing this section. ———————————————————————————————————					
Connect with the issue	r or investment fund manager	Insider of the issuer (other than an investment fund)					
Director or officer of the	e investment fund or investment	fund manager Employee of the issuer or investment fund manager					
✓ None of the above							
d) Compensation details							
Canadian dollars. Include cash of services incidental to the distrib	commissions, securities-based cor oution, such as clerical, printing, le	rson identified in Item 8(a) in connection with the distribution. Provide all amounts in mpensation, gifts, discounts or other compensation. Do not report payments for egal or accounting services. An issuer is not required to ask for details about, or report or employees of a non-individual compensated by the issuer.					
Cash commissions paid	0.15	Security codes Security code 1 Security code 2 Security code 3					
Value of all securities distributed as compensation	:	Security codes Security code 1 Security code 2 Security code 3					
Describe ter	rms of warrants, options or other	rights					
Other compensation ⁵	De De	escribe					
Total compensation paid	0.15						
Check box if the pers	son will or may receive any defer	rred compensation (describe the terms below)					
additional securities of the issu	uer. Indicate the security codes f additional securities of the issuer.	impensation, <u>excluding</u> options, warrants or other rights exercisable to acquire for all securities distributed as compensation, <u>including</u> options, warrants or other:					

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10. Indicate whether the issuer is any of the following (select all that apply). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer⁶ Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients⁷ If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. ⁶An 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. ⁷Checck 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. $| \sqrt{ } |$ If the issuer is none of the above, check this box and complete Item 9(a) - (c). Directors, executive officers 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. Business location of Relationship to non-individual or issuer residentail (select all that First given Secondary given jurisdiction of Organization or company name Family name names name apply) individual Province or country D 0 Ρ Granleese William British Columbia ✓ ✓ R. William British Columbia Granleese Dyck Victor British Columbia Gavin British Columbia Worsnup Christopher Promoter information If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" - Director, "O" - Executive Officer. Residential Relationship to promoter iurisdiction of First given Secondary given (select one or both if applicable) individual Organization or company name Family name name names Province or D 0 country Residential address of each individual c)

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 or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Granleese	William		R.			
	Family name	First given name	First given name		en names		
Title	Director						
Name of issuer/underwriter/ investment fund manager	Antrim Balanced Mortgage Fund Ltd.						
Telephone number	6045302301	Email address	will@antriminvestments.com				
Signature	William R. Granleese	Date	2016	07	15		
		_	YYYY	MM	DD		

ITEM 11- CONTACT	PERSON			
. 3	•	on for the individual that th different than the individua	9	thority or regulator may contact with any Item 10.
✓ Same as indiv	ridual certifying the re	eport		
Full legal name				Title
	Family name	First given name	Secondary given names	
Name of company [
Telephone number		E	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:

- 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.