# Form 45-106F1 Report of Exempt Distribution

# IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE									
✓ New report									
Amended report If amer	Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)								
ITEM 2 - PARTY CERTIFYING THE REPORT									
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.									
☐ Investment fund issuer									
✓ Issuer (other than an 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	the Instructions for the definition	of "legal entity identifier".						
Legal entity identifier									
ITEM 4 - UNDERWRITER INFORM	IATION								
		' Com National Day	in the Database (AIDD) and	,					
If an underwriter is completing the report, p	orovide the underwriter's fuil le	gal name and firm Nationai keg 	ustration Database (INKD) nur	nber.					
Full legal name									
Firm NRD number		(if applicable)							
If the underwriter does not have a firm NRL	D number, provide the head off	fice 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 <b>Statistics Canada's NAICS industry search tool</b> .  NAICS industry code  5  2  2  9  9							
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.							
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 - INVESTMEN	T FUND ISSUER INFORMATION
If the issuer is an invest	tment 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	
	Description (Olotte
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investmen	t fund
Type of investment fund the	nt 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
Is the investment fund a rep	porting issuer in any jurisdication of Canada? No Yes
	of Canada in which the investment fund is a reporting issuer.
☐ All ☐	AB BC MB NB NL NT
e) Public listing status	NU ON PE QC SK YT s of the investment fund
ij the trivestment juna nas t	a CUSIP number, provide below (first 6 digits only)  CUSIP number
If the investment fund is nu	blicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for
	I for and received a listing, which excludes, for example, automated trading systems.
Exchage name	ss
f) Net asset value (NA	AV) of the investment fund
	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
3100M to under \$500	0M S500M to under \$1B S1B or over Date of NAV calculation:
	YYYY MM DD

#### Item 7 - Information About the Distribution If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, 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 07 21 2016 07 26 MM 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 \$

Security CUSIP number code (if applicable)		Description of security	Number of securities	Single or lowest price	Highest price	Total amount
P R S		Class A Preferred Non-Voting Shares - \$563,910.00 Class B Series "B" Preferred Non-Voting Shares - \$411,551.00 Class B Series "C" Preferred Non-Voting Shares - \$800,142.00	59.00	1.0000	1.0000	1,775,603.00

#### 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		Underly security of		_	(Can-	ise price adian \$)	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)	59	1,775,603.00
	1,775,603.00		
	Total number of unique purchasers <sup>2</sup>	57	

<sup>&</sup>lt;sup>2</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

## g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

<sup>&</sup>lt;sup>3</sup>"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

#### h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)	

TEM 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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 9
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 Wittig Dean
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.
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 100-3688 Chatham St
Municipality Richmond Province/State British Columbia
Country Canada Postal code/Zip code V7E 2Z2
Email address dean.wittig@holliswealth.co Telephone number 6042771835
m
c) Relationship to issuer or investment fund manager
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager
✓ 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 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 3.12 Security codes Security code 1 Security code 2 Security code 3
Value of all securities distributed as
compensation <sup>4</sup>
Describe terms of warrants, options or other rights
Other compensation <sup>5</sup> Describe
Total compensation paid 3.12
Check box if the person will or may receive any deferred compensation (describe the terms below)
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, excluding 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.
<sup>5</sup> 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 an individual, provide the name of the individual.								
Full legal name of individual Buckingham Ja	ack							
Family name First give	en 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.  No  Yes							
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide the business contact informat	tion of the person being compensated.							
Street address 700 - 609 Granville Street								
Municipality Vancouver	Province/State British Columbia							
Country Canada	Postal code/Zip code V7Y 1G5							
Email address j.buckingham@holliswealth.	Telephone number 6048953409							
com								
c) Relationship to issuer or investment fund manager								
Indicate the person's relationship with the issuer or investment fund manager (select all t B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the p	* * *							
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	Employee of the issuer or investment fund manager							
✓ None of the above								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(c Canadian dollars. Include cash commissions, securities-based compensation, gifts, discour services incidental to the distribution, such as clerical, printing, legal or accounting service on, internal allocation arrangements with the directors, officers or employees of a non-inc	nts or other compensation. Do not report payments for es. An issuer is not required to ask for details about, or report							
Cash commissions paid 13.70 Security codes	Security code 1   Security code 2   Security code 3							
Value of all securities distributed as compensation <sup>4</sup>								
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 13.70								
Check box if the person will or may receive any deferred compensation (desc	cribe the terms below)							
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> of additional securities of the issuer. Indicate the security codes for all securities distributed rights exercisable to acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.								

a) Name of person compensa	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	Luft	Rol	bert						
	Family name	First give	n name See	condary given names					
If the person compensated is not a	If the person compensated is not an individual, provide the following information.								
Full legal name of no	Full legal name of non-individual								
Firm NRD number (if applicable)									
Indicate whether the person comp	ensated facilitated the distribution	through a funding	portal or an internet-ba	sed portal. No 🗸 Yes					
b) Business contact information		<u> </u>		<u>,                                    </u>					
If a firm NRD number is not provide	ed in Item 8 (a), provide the busine	ss contact informat	ion of the person being	compensated.					
Street address 690-1	1385 8th Ave W								
Municipality Vanc	ouver		Province/State	British Columbia					
Country Cana	da	F	Postal code/Zip code	V6H 3V9					
Email address rober	t.luft@holliswealth.com		Telephone number	6047398575					
c) Relationship to issuer or inv	vestment fund manager								
Indicate the person's relationship w B(2) of the Instructions and the med		-							
Connect with the issuer or i	nvestment fund manager		Insider of the issuer (o	ther than an investment fund)					
Director or officer of the inv	estment fund or investment fund	manager	Employee of the issue	r or investment fund manager					
✓ None of the above									
d) Compensation details									
Provide details of all compensation p Canadian dollars. Include cash comi services incidental to the distribution on, internal allocation arrangements	missions, securities-based compen n, such as clerical, printing, legal o	sation, gifts, discour r accounting service	nts or other compensations. An issuer is not requi	on. Do not report payments for red to ask for details about, or report					
Cash commissions paid	0.78	Security codes	Security code 1	Security code 2 Security code 3					
Value of all securities distributed as compensation <sup>4</sup>		Security codes							
Describe terms	of warrants, options or other right	s							
Other compensation <sup>5</sup>	Describe	e							
Total compensation paid	0.78								
Check box if the person v	vill or may receive any deferred c	ompensation (desc	ribe the terms below)						
<sup>4</sup> Provide the aggregate value of all additional securities of the issuer. rights exercisable to acquire additi <sup>5</sup> Do not include deferred compens.	Indicate the security codes for all ional securities of the issuer.								

<ul> <li>a) Name of person com</li> </ul>	pensated and req	gistration status								
Indicate whether the pers	Indicate whether the person compensated is a registrant.  No  Ves									
If the person compensated is	s an individual, prov	ide the name of the in	dividual.							
Full legal name of ind	ividual	Pink	S	tephen						
	F	amily name	First g	iven name	Seco	ndary given nam	nes			
If the person compensated	If the person compensated is not an individual, provide the following information.									
Full legal name	Full legal name of non-individual									
Firm NRD number (if applicable)										
Indicate whether the perso	n compensated facil	itated the distribution	through a fundi	ng portal or an inte	rnet-base	ed portal.	□ No ✓ Y	'es		
b) Business contact info	ormation									
If a firm NRD number is not	provided in Item 8 (	a), provide the busines	s contact inforn	nation of the persor	n being co	mpensated.				
Street address	100-3688 Chath	am St								
Municipality	Richmond			Province	e/State	British Colu	ımbia			
Country	Canada			Postal code/Zip	o code	V7E 2Z2		7		
Email address	stephen.pink@h	olliswealth.c	_	Telephone n	umber	604277183	35	$\bar{\exists}$		
c) Relationship to issue	om or or investment fu	and manager								
Indicate the person's relation			anaaer (select a	ll that apply) Refer	to the m	eanina of "con	nected" in Part			
B(2) of the Instructions and							nececu arrare			
Connect with the iss	uer or investment fo	und manager		Insider of the is	suer (oth	er than an inve	estment fund)			
Director or officer of	the investment fund	d or investment fund n	nanager	Employee of th	e issuer o	or investment f	fund manager			
✓ None of the above										
d) Compensation detail	S									
Provide details of all comper								in		
Canadian dollars. Include ca services incidental to the dist								ort		
on, internal allocation arrang							ans about, or repo	,,,		
Cash commissions p	paid	0.37	Coourity and a	Security	code 1	Security code 2	2 Security code 3	3		
Value of all securit	ies		Security codes	Geeding		Occurry code 2	2 Occurry code o	7		
distributed compensati										
•		 options or other rights						7		
Other compensati		Describe						╡		
Total compensation p		0.37								
			mpensation (de	escribe the terms b	elow)					
	Check box if the person will or may receive any deferred compensation (describe the terms below)									
<sup>⁴</sup> Provide the aggregate value	ue of all securities d	istributed as compens	ation, excluding	options, warrants	or other	rights exercisa	able to acquire	_		
additional securities of the rights exercisable to acquir	issuer. Indicate the	security codes for all s								
⁵Do 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 individual Booth David								
Family name			First give	First given name Secondary given names				
If the person compensated is	s not an individual,	provide the following i	nformation.					
Full legal name of non-individual								
Firm NRD number (if applicable)								
Indicate whether the person	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes							
b) Business contact infor	rmation							
If a firm NRD number is not բ	provided in Item 8 (	a), provide the business	s contact informat	ion of the person bei	ng compensated.			
Street address	20688 56 Ave							
Municipality	Langley		]	Province/Sta	ate British Columbia	Ī		
Country	Canada		- ]	Postal code/Zip co	de V3A 3Z1	ī		
Email address	david.booth@ho	lliswealth.co	_	Telephone numb	per 6045346624	_		
	m							
c) Relationship to issuer	or investment fu	nd manager						
Indicate the person's relations B(2) of the Instructions and the	•		-		he meaning of "connected" in Part g this section.			
Connect with the issu	er or investment fu	ind manager		Insider of the issuer	r (other than an investment fund)			
Director or officer of the	he investment fund	or investment fund m	anager	Employee of the iss	suer or investment fund manager			
✓ None of the above								
d) Compensation details								
Canadian dollars. Include cash	h commissions, secu ibution, such as cle	urities-based compenso rical, printing, legal or	ition, gifts, discour accounting service	nts or other compenso es. An issuer is not rec	the distribution. Provide all amounts ation. Do not report payments for quired to ask for details about, or report by the issuer.			
Cash commissions pa	nid	0.62	Security codes	Security code	e 1 Security code 2 Security code 3	3		
Value of all securitie distributed a compensatio	is		Security codes		J. J. Joseph J.			
Describe terms of warrants, options or other rights								
Other compensation								
Total compensation paid 0.62								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
						$\neg$		
	suer. Indicate the a additional securition	security codes for all s			other rights exercisable to acquire including options, warrants or other	<del>_</del>		

a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is an i	ndividual, provide the name of the ind	ividual.					
Full legal name of individual Teague Taylor							
	Family name	First given name Secondary given names					
If the person compensated is no	t an individual, provide the following i	nformation.					
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. No 🗸 Yes							
b) Business contact informa	ition						
If a firm NRD number is not prov	ided in Item 8 (a), provide the business	contact information of the per	son being co	ompensated.			
Street address 206	688 56 Ave						
Municipality Lar	ngley	Provir	nce/State	British Colum	bia		
Country Car	nada	Postal code	Zip code	V3A 3Z1			
	lor.teague@holliswealth.c	Telephone number 6045346624					
lom							
c) Relationship to issuer or i			f +- +l	:	-t - d" : Dt		
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 of	or investment fund manager	Insider of the	e issuer (oth	er than an invest	ment fund)		
Director or officer of the in	nvestment fund or investment fund ma	anager Employee of	the issuer	or investment fun	d manager		
✓ None of the above							
d) Compensation details							
	n paid, or to be paid, to the person ide						
	mmissions, securities-based compensa ion, such as clerical, printing, legal or c						
	nts with the directors, officers or emplo				subout, or report		
Cash commissions paid 1 23							
Value of all securities		Security codes Secu	rity code 1	Security code 2	Security code 3		
distributed as							
compensation <sup>4</sup> Describe terms of warrants, options or other rights							
Other compensation <sup>5</sup>	Describe						
Total compensation paid	1.23						
Check box if the person will or may receive any deferred compensation (describe the terms below)							
			•				
<sup>4</sup> 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 issue rights exercisable to acquire add	er. Indicate the security codes for all se ditional securities of the issuer.	ecurities distributed as comper	nsation, <u>incl</u>	<u>uding</u> options, wa	rrants or other		
<sup>5</sup> Do not include deferred compensation.							

a) Name of person comp	a) Name of person compensated and registration status							
Indicate whether the perso	n compensate	d is a registrant.	☐ No	✓ Yes				
If the person compensated is	an individual,	provide the name of the i	ndividual.					
Full legal name of individual Greenfeld Jeff								
	Family name First given name Secondary given names							
If the person compensated i	s not an indiv	idual, provide the following	j information.					
Full legal name	of non-indiv	vidual						
Firm NRD number (if applicable)								
Indicate whether the person	compensated	facilitated the distribution	through a funding	portal or an internet-ba	sed portal. No 🗸 Yes			
b) Business contact info	rmation							
If a firm NRD number is not	orovided in Ite	rm 8 (a), provide the busin	ess contact informat	tion of the person being	compensated.			
Street address	205-4841 D	elta St						
Municipality	Delta			Province/State	British Columbia			
Country	Canada			Postal code/Zip code	V4K 2T9			
Email address	jeff@greenf	eldfinancial.com		Telephone number	6049408617			
c) Relationship to issuer	or investme	ent 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 investmen	t fund or investment fund	manager	Employee of the issue	r or investment fund manager			
✓ 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 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 18.02 Security codes Security code 1 Security code 2 Security code 3								
distributed a	Value of all securities distributed as compensation <sup>4</sup>							
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 18.02								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
	suer. Indicate additional se	e the security codes for all			or rights exercisable to acquire <u>cluding</u> options, warrants or other			

a) Name of person compe	a) Name of person compensated and registration status							
Indicate whether the person	compensated is a r	egistrant.	☐ No	✓ Yes				
If the person compensated is ar	n individual, provia	e the name of the ind	ividual.					
Full legal name of individual Taylor			Rol	pert				
	Family name First given name Secondary given names							
If the person compensated is r	not an individual, p	rovide the following in	nformation.					
Full legal name o	f non-individual							
Firm NRD number (if applicable)								
Indicate whether the person co	ompensated facilit	ated the distribution th	hrough a funding	portal or an internet-bas	ed portal. No 🗸 Yes			
b) Business contact inform	nation							
If a firm NRD number is not pro	ovided in Item 8 (a,	), provide the business	contact informat	ion of the person being c	ompensated.			
Street address 7	00 - 609 Granvil	le Street						
Municipality V	ancouver		]	Province/State	British Columbia			
Country C	anada		- ] F	Postal code/Zip code	V7Y 1G5			
Email address ro	b.taylor@hollis	vealth.com	•	Telephone number	6046691143			
c) Relationship to issuer o	r investment fun	d manager						
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)  Director or officer of the investment fund or investment fund manager  Employee of the issuer or investment fund manager								
✓ 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 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 3.51 Security codes Security code 1 Security code 2 Security code 3								
Value of all securities distributed as compensation <sup>4</sup> Security codes  Security code 1  Security code 1  Security code 2  Security code 3  Security code 1  Security code 1  Security code 2  Security code 3								
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 3.51								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the se dditional securities	ecurity codes for all se			r rights exercisable to acquire luding 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 an individual, provide the name of the i	ndividual.					
Full legal name of individual Weinstein Jason						
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.   No   Yes						
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a), provide the busine	ess contact information of the person being compensated.					
Street address 700 - 609 Granville Street						
Municipality Vancouver	Province/State British Columbia					
Country Canada	Postal code/Zip code V7Y 1G5					
Email address j.weinstein@holliswealth.co	Telephone number 6046691143					
m						
c) Relationship to issuer or investment fund manager	ormany (colors all that amply). Defents the magning of "connected" in Days					
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.						
Connect with the issuer or investment fund manager	Insider of the issuer (other than an investment fund)					
Director or officer of the investment fund or investment fund	manager Employee of the issuer or investment fund manager					
✓ None of the above						
d) Compensation details						
	dentified in Item 8(a) in connection with the distribution. Provide all amounts in					
	sation, gifts, discounts or other compensation. Do not report payments for r accounting services. An issuer is not required to ask for details about, or report					
on, internal allocation arrangements with the directors, officers or em						
Cash commissions paid  3.50  Security codes  Security code 1   Security code 2   Security code 3						
Value of all securities  Security codes  Security codes  Security code 1 Security code 2 Security code 3						
distributed as compensation <sup>4</sup>						
Describe terms of warrants, options or other rights						
Other compensation <sup>5</sup> Describ	e					
Total compensation paid 3.50						
Check box if the person will or may receive any deferred compensation (describe the terms below)						
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire						
rights exercisable to acquire additional securities of the issuer.	securities distributed as compensation, <u>including</u> options, warrants or other					
<sup>5</sup> Do not include deferred compensation.						

#### 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 Canada<sup>6</sup> Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer<sup>6</sup> Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients<sup>7</sup> If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. <sup>6</sup>An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <sup>7</sup>Checck 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 Willaim 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			Secondary given names		
Title	Director					
Name of issuer/underwriter/ investment fund manager	Antrim Balanced Mortgage Fund Ltd.					
Telephone number	6045302301	Email address				
Signature	William R. Granleese		2016	07	29	
		_	YYYY	MM	DD	

ITEM 11- CONTACT PERSON								
	·	on for the individual that th different than the individu	,	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	Email 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.