FORM 9 CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

City Of Oshawa	
(County/District/Regiona	al Municipality/Town/City in which premises are situated)
Hillcroft St 200m west of Wilson Road North	and Wilson Road North 90m south of Columbus Road East ,
(street address and city, town, e	tc., or, if there is no street address, the location of the premises)
This is to certify that the contract for the followi	ng improvement:
Contract O 22-05 Hillcroft Street and Wilson	
(s	hort description of the improvement)
to the above premises was substantially perfor	
	(date substantially performed)
Date certificate signed: August 31, 2023	
h hurely	Mike Harrington
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Corporation of the City of Name of owner: Oshawa Address for service: 50 Centre Street South,	Oshawa, Ontario L1H 3Z7
Name of contractor: GMP Contracting LTD.	
•	
Address for service: 208-90C Centurian Drive	e Markham, ON L3R 8C5
Name of payment certifier (where applicable):	ART Engineering Inc.
Address: 171 Walgreen Rd, Carp, ON K0A 1	L0
(Use A or B, whichever is appropriate)	
☐ A. Identification of premises for preser	rvation of liens:
	taches to the premises, a legal description of the premises, property identifier numbers and addresses for the premises)
☑ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which claim for lien must be ☐ B. Office to which which claim for lien must be ☐ B. Office to which which claim for lien must be ☐ B. Office to which wh	pe given to preserve lien:
	undle Tower, 50 Centre Street South, Oshawa, Ontario L1H 3Z7

and the name and address of the person or body to whom the claim for lien must be given)