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

Construction Act

Hamilton
(County/District/Regional Municipality/Town/City in which premises are situated)
1211 Barton St E
(street address and city, town, etc., or, if there is no street address, the location of the premises)
This is to certify that the contract for the following improvement:
Tenant Fit - Out
(short description of the improvement)
to the above premises was substantially performed on May 14/24
Date certificate signed: 21, 2024 (date substantially performed)
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: Bayshore Healthcare
Address for service: 185 The West Mall, Ste. 115, Etobicoke, ON M9C 1B8
Name of contractor: Contech Construction
Address for service: 532 Queen St E, Toronto, M5A 1V2
Name of payment certifier (where applicable): Bill Blackburn
Address: 401 The West Mall, Ste. 800, Toronto, ON M9C 5J5
(Use A or B, whichever is appropriate)
☑ A. Identification of premises for preservation of liens:
1211 Barton St E, Unit 4, Hamilton, ON
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)
B. Office to which claim for lien must be given to preserve lien:
(if the lien does not attach to the premises, a concise description of the premises, including addresses, and the name and address of the person or body to whom the claim for lien must be given)