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

Construction Act

City of Mississauga ,
(County/District/Regional Municipality/Town/City in which premises are situated)

1300 Central Parkway West, Suite 105, Mississauga, Ontario ,
(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:

Upgrade to interior finishes
(short description of the improvement)

to the above premises was substantially performed on **October 1st, 2024** .
(date substantially performed)

Date certificate signed: **October 2nd. 2024**

(payment certifier where there is one) (owner and contractor, where there is no payment certifier)

Name of owner: **Spectrum Health Care LP**

Address for service: **2 Bloor Street East, Suite 2101, Toronto, ON M5W 1A8**

Name of contractor: **Greenferd Construction Inc.**

Address for service: **70 East Beaver Creek Road, Unit # 42, Richmond Hill, ON L4B 3B2**

Name of payment certifier (where applicable): **Capex Management**

Address: **215 Shaftsbury Avenue, Richmond Hill,ON L4C 0E8**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(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:

Spectrum Health Care, LP - 2 Bloor Street West, Suite 2101, Toronto,ON M5W 1A8
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)