

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

*Construction Act*

Canada/ Toronto

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

Long-Term Care Centre, 150 Emmett Ave, York, ON M6M 0C9

(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:

Replacement of AHU-1 & AHU-2

(short description of the improvement)

to the above premises was substantially performed on 28- April-2025

(date substantially performed)

Date certificate signed: 28- April-2025

H.H. Angus and Associates Ltd.

(payment certifier where there is one)

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

Name of owner: West Park Healthcare Centre

Address for service: Long-Term Care Centre, 150 Emmett Ave, York, ON M6M 0C9

Name of contractor: Bird Infrastructure Ltd.

Address for service: 1201 Nicholson Road, Newmarket, Ontario, Canada, L3Y 9C3

Name of payment certifier (where applicable): H.H. Angus and Associates Ltd.

Address: 1176 Eglinton Ave E #800, North York, ON M3C 0S1

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Long-Term Care Centre, 150 Emmett Ave, York, ON M6M 0C9

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