

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

TORONTO ONTARIO CANADA

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

TORONTO WESTERN HOSPITAL 399 BATHURST STREET, TORONTO, ON. M5T 2S6

(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:

HOSPITAL INTERIOR ALTERATIONS - L1 WEST WING, L15 PAVILION, B1 PUMP RM, L1 IT CLOSET, L9 RAAM CLINIC, L1 TO L5 GLASS BOX AND L6 FOUNDATION OFFICES.

(short description of the improvement)

to the above premises was substantially performed on **OCTOBER 10, 2024**

(date substantially performed)

Date certificate signed: **OCTOBER 18, 2024**



(payment certifier where there is one)

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

Name of owner: **UNIVERSITY HEALTH NETWORK**

Address for service: **190 ELIZABETH STREET TORONTO ONTARIO M5G 2C4**

Name of contractor: **ELLISDON CORPORATION**

Address for service: **1004 MIDDLEGATE ROAD MISSISSAUGA ONTARIO L4Y 1M4**

Name of payment certifier (where applicable): **STUART THOMAS ELGIE**

Address: **500, 35 JOHN STREET TORONTO, ONTARIO M5V 3G5**

(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:

**TORONTO WESTERN HOSPITAL 399 BATHURST STREET, TORONTO, ON. M5T 2S6,
UNIVERSITY HEALTH NETWORK**

(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)