

FORM 6

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

*Construction Lien Act*

**City of Mississauga**

*(County/District or Regional Municipality/City or Borough of  
Municipality of Metropolitan Toronto in which premises are situate)*

2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1& 100 Queensway West, Mississauga, ON, L5B 1B8

*(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:

**Modernization of Two (2) Elevators**

*(short description of the improvement)*

to the above premise was substantially performed on: **Friday October 18th, 2024**

*(date substantially performed)*

Date certificate signed: **January 16th, 2025**

*Nimesh Patel*

*(Signature of payment certifier where there is one)*

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

Name of owner: **Trillium Health Partners**

Address for service: 2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1& 100 Queensway West, Mississauga, ON, L5B 1B8

Name of contractor: **KONE INC.**

Address for service: 2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1& 100 Queensway West, Mississauga, ON, L5B 1B8

Name of payment certifier: **F.SHAW MANAGEMENT & CONSULTING INC.**

*(where applicable)*

Address: **PO BOX 41029, Pickering RPO Amberlea, Ontario, L1V 0G3**

*(Use A or B whichever is appropriate)*

A. Identification of premises for preservation of liens:

2200 Eglinton Avenue West, Mississauga, ON, L5M 2N1& 100 Queensway West, Mississauga, ON, L5B 1B8

*(where liens attach to premises, reference to lot and plan or instrument registration number)*

B. Office to which claim for lien must be given to preserve lien:

*(where liens do not attach to premises)*