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

Construction Act

KITCHENER, ON ,
(County/District/Regional Municipality/Town/City in which premises are situated)
1950 FISCHER HALLMAN RD- UNIT 200
(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:
SHOPPERS DRUG MART- INTERIOR FITUP
(short description of the improvement)
to the above premises was substantially performed on FEBRUARY 3 <sup>RD</sup> , 2025 (date substantially performed)
Date certificate signed: FEBRUARY 10 <sup>TH</sup> , 2025
Tic Misener M. Fayi
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: SHOPPERS DRUG MART  Address for service: 243 CONSUMERS RD., NORTH YORK, ON M2J 4WB
ROYALTY GENERAL
Name of contractor: CONSTRUCTION LTD.
Address for service: 2580 MATHESON BLVD, SUITE 201 MISSISSAUGA, ON ON L4W 4J1
Name of payment certifier (where applicable): N/A
Address:
(Use A or B, whichever is appropriate)
☐ A. Identification of premises for preservation of liens:
1950 FISCHER HALLMAN RD- UNIT 200 Legal Description: 30T-07205 STAGE 7 BLK 1
(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)