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

Construction Act

City of Toronti)
(County/District/Regional Municipality/Town/City in which premises are situated)
2135 Shappard Augura Toust and Consumers Road., (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:
(short description of the improvement)
to the above premises was substantially performed on
Date certificate signed: Feb 20, 2005
(payment certifier where there is one - signature required) (owner and contractor, where there is no payment certifier - signatures required)
Name of owner: Hiltin Hills Linged Partnership
Address for service: Bytside a Condos 2135 Sheppard Ave Exist and
Name of contractor: Medi Group Inc
Address for service: 56 Brock part brive, Etobolioka
Name of payment certifier (where applicable):
Address:
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens:  335 Shopped Avenue East and Consumers Road  (if a lieh 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)