### FORM 9

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

#### Toronto, ON

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

## 55 St. Clair Ave W Suite 300, Toronto, ON M4V 2Y7

(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:

Interior Renovat	ions		
(Short description of th	ne improvement)		
to the above premises was substantially performed on		March 1, 2025 (date substantially performed)	
Date certificate sign	ed: <b>March 1, 2025</b>	Sandra Stephenson (payment certifier where there is one)  (owner and contractor, where there is no	SANDRA STEPUELSONMAHON  SANDRA STEPUELSONMAHON  ANDRA STEPUELSONMAHON  SANDRA STEPUELSONMAHON  SANDRA STEPUELSONMAHON  O payment certifier)
Name of owner: Ca	nadian Cancer Society		
Address for service:	Same as above		
Name of contractor:	The Michael Thomas Group  Address for service:  344 Edgeley	Inc. Blvd #21, Concord, ON L4K 4B	37
Name of Payment Certifier:	Sandi Stephenson  Address for service:  244 Glenwood Crescent. Osl	nawa. ON L1G 3B1	

(Use A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

# 55 St. Clair Ave W Suite 300, Toronto, ON M4V 2Y7

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

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

(where liens do not attach to premises)