

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

Construction Act

CITY OF OSHAWA, REGIONAL MUNICIPALITY OF DURHAM

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

2545 SIMCOE STREET NORTH, OSHAWA, ONTARIO L1L 0W3

(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:

EXCAVATION WORK AT UC TOWER 2

(short description of the improvement)

to the above premises was substantially performed on **OCTOBER 28, 2024**

(date substantially performed)

Date certificate signed: **MARCH 3, 2025**

(payment certifier where there is one)

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

Name of owner: **TRIBUTE(SIMCOE STREET)LTD**

Address for service: **1815 IRONSTONE MANOR, UNIT 1, PICKERING, ONTARIO L1W 2W9**

MICHAEL BROTHERS

Name of contractor: **EXCAVATING**

Address for service: **407 BASALTIC ROAD, CONCORD, ONTARIO L4K 4W8**

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

2545 SIMCOE STREET NORTH, OSHAWA, ONTARIO L1L 0W3

(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)

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

Construction Act

CITY OF OSHAWA, REGIONAL MUNICIPALITY OF DURHAM

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

2545 SIMCOE STREET NORTH, OSHAWA, ONTARIO L1L 0W3

(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:

EXCAVATION WORK AT UC TOWER 3

(short description of the improvement)

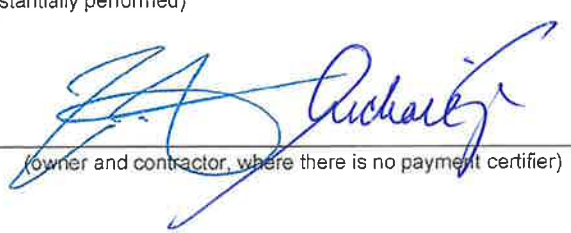
to the above premises was substantially performed on **OCTOBER 28, 2024**

(date substantially performed)

Date certificate signed: **MARCH 3, 2025**

(payment certifier where there is one)

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



Name of owner: **TRIBUTE(SIMCOE STREET)LTD**

Address for service: **1815 IRONSTONE MANOR, UINT 1, PICKERING, ONTARIO L1W 2W9**

MICHAEL BROTHERS

Name of contractor: **EXCAVATING**

Address for service: **407 BASALTIC ROAD, CONCORD, ONTARIO L4K 4W8**

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

2545 SIMCOE STREET NORTH, OSHAWA, ONTARIO L1L 0W3

(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)