

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

Toronto

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

4001 Leslie Street, Toronto, ON M2K 1E1, Main Chiller room

.....
(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:

Replacement of heat exchangers HX 1&2 c/w piping and trim

.....
(short description of the improvement)

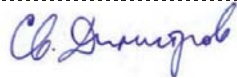
March 21, 2025

to the above premises was substantially performed on

(date substantially performed)

March 26, 2025

Date certificate signed:



.....
(payment certifier where there is one)

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

North York General Hospital

Name of owner:

4001 Leslie Street, Toronto, ON M2K 1E1

Address for service:

Compass Construction Resources Ltd.

Name of contractor:

4001 Leslie Street, Toronto, ON M2K 1E1

Address for service:

Zaro Dimitrov P.Eng.

Name of payment certifier (where applicable):

Zdesign+ Ltd. 181 Carlaw Avenue, Suite 211 Toronto ON M4M 1S2

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

.....
(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:

North York General Hospital, 4001 Leslie Street, Toronto, ON M2K 1E1

.....
(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)