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

Construction Act

City of Foronto	
(County/District/Regional Municipali	ty/Town/City in which premises are situated)
175 Bloor St East, Floor 12, Unit 1200-S, Toronto, ON, M4W 3R8	
(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 improve	ement:
Lume Women's Health Clinic, interior fit-out.	
(short description of the improvement)	
to the above premises was substantially performed on	December 10
· · · · · · · · · · · · · · · · · · ·	(date substantially performed)
Date certificate signed: December 17	
C& Partners Architects Inc.	
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of owner: Lume Women + Health Inc. Address for service: 175 Bloor St East, Floor 12, Unit 1200-S, Toronto, ON, M4W 3R8 Name of contractor: Acecon General Contracting Inc.	
Address for service: 180 Jardin Dr #7, Concord, ON L4K 1X8	
Address for service. Too Jaidin Di #1, Concold, ON L4K 176	
Name of payment certifier (where applicable): Address: C& Partners Architects Inc.	
(Use A or B, whichever is appropriate) 720 Bathurst St, Toronto, ON, M5S 2R4	
A. Identification of premises for preservation of liens: 175 Bloor St East, Floor 12, Unit 1200-S, Toronto, ON, M4W 3R8	
(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, the name	and address of the person or body to whom the claim for lien must be given)