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

Construction Act

## City Of Markham (County/District/Regional Municipality/Town/City in which premises are situated) 475 Cochrane Drive, Markham, ON (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 Alternation (short description of the improvement) April 2, 2025 to the above premises was substantially performed on (date substantially performed) April 4, 2025 Date certificate signed: SDI Interior Design & Project Coordination (payment certifier where there is one) (owner and contractor, where there is no payment certifier) Name of owner: Life Saving Society Canada Address for service: 475 Cochrane Drive, Markham, ON **Urban Outline Building Group** Name of contractor: Address for service: 2 Bloor Street East, Ste 3500, Toronto, Ontario M4W 1A8 Name of payment certifier (where applicable): SDI Interior Design & Project Coordination Address: 200 Wellington Street West, Suite 600, Toronto, ON M5V 3C7 (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: 475 Cochrane Drive, Markham, ON (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)