

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

*Construction Act*

**City of Toronto, Ontario**

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

**190 Elizabeth Street, Toronto, ON M5G 2C4**

(street address and city, town, etc., or, if there is no street address, the location of the premises)

**110023041 UHN Lactation Rooms Renovations**

(short description of the improvement)

to the above premises was substantially performed on **March 6th, 2025**

(date substantially performed)

Date certificate signed: **March 7th, 2025**

(payment certifier where there is one)

Contractor:

*Andres Carrillo*

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

Owner:

*Yusuf Sultani*

Name of owner: **University Health Network**

Address for service: **University Health Network - A/P 190 Elizabeth Street, Toronto, ON M5G 2C4 Canada**

Name of contractor: **Furcon Environmental Inc.**

Address for service: **2495 Haines Rd , Mississauga, ON. L4Y 1Y7.**

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**190 Elizabeth Street, Toronto, ON M5G 2C4**

(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)