FORM 10 CERTIFICATE OF COMPLETION OF SUBCONTRACT UNDER SUBSECTION 33(1) OF THE ACT

Construction Act

This is to certify the	ne completion of a subcontrac	ct for the supply of serv	ices or materials be	tween		
Clifford Restoration Limited		_{and} 950 k	and 950 King Street West Operator Inc.			
	(name of subcontractor)				, , , , , , , , , , , , , , , , , , ,	
dated the 14	_{day of} March	, ₂₀ <u>25</u> .				
The subcontract p	provided for the supply of the	following services or m	aterials:			
Heritage Recov	very and Salvage, and D	emolition of the Re	maining Building			
to the following im	nprovement:					
950 King Stree	t West – Palace Arms H	eritage Salvage and	d Demolition			
	•	short description of the impr	ovement)			
of premises at 95	50 King Street West, Toi	ronto, ON				
	(street	t address, or if there is none	e, the location of the pre	emises)		
Date of certification	on 23 May 2025					
			a le .	Tony Serafico	Digitally signed by To Serafico Date: 2025.05.23 09:46:18 -04'00'	
(payment certifier	where there is one - signature red	quired)	(owner and con	tractor - signatures re	equired)	
Name of owner:	950 King Street West Op	perator Inc.				
Address for service	ce: 19 Lesmill Road, Tord	onto, ON M3B 2T3				
Name of contracto	_{or:} Clifford Restoration L	imited				
Address for service	ce: 1190 Birchmount Roa	ad, Scarborough, O	N M1P 2B8			
Name of payment	t certifier (where applicable):					
Address:						
(Use A or B, whichev	ver is appropriate)					
✓ A. Identif	ication of premises for preser	rvation of liens:				
	944 and 950 King Street		nd 99 Strachan <i>A</i>	Avenue, Toront	o, ON	
		taches to the premises, a le property identifier numbers				
B. Office	to which claim for lien must b	pe given to preserve lie	n:			
(if the	e lien does not attach to the premise	es the name and address o	f the person or body to v	whom the claim for lie	n must be given)	

4737 Form 10

Final Audit Report 2025-05-23

Created: 2025-05-23

By: Robin Tsalkos (robin@cliffordrestoration.com)

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