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

Construction Act

Toronto, Ontario		
(County/District/Regional Municipality/Town/City in which premises are situated)		
600 University Ave. Toronto, ON M9W 1L9		
(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:		
Mount Sinai Hospital F5 Angio Radiology Suite Renovation		
•••••		(short description of the improvement)
to the above premises was substantially performed on May 31, 2021 (date substantially performed)		
(date substantially performed)		
Date certific	cate signe	_{ed:} June 9, 2021
10	min	
	(payment	certifier where there is one) (owner and contractor, where there is no payment certifier)
	C:	noi Lloalth Cyatam
Name of owner: Sinai Health System		
		600 University Ave. Toronto, ON M9W 1L9 - F5 Angio Suite
Name of contractor:		Dineen Construction (2017) Corporation
Address for service:		70 Disco Road, Suite 300, Toronto, ON M9W 1L9
Name of payment certifier (where applicable): Alkim Sonmezocak		
Traine or pa	220 B	ay Street, Suite 200, Toronto, ON M5H 4A6
Address:)ZU D	ay Street, Suite 200, Toronto, ON Morr 470
(Use A or B, v	vhichever i	s 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:		which claim for lien must be given to preserve lien:
		versity Ave. Toronto, ON M9W 1L9
	/if the !:	does not office to the promises, the name and address of the person or body to whom the claim for lien must be given)