

**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)

**399 Bathurst Street, Toronto, ON M5T 2S8**

(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:

**UHN Toronto Western Hospital Education Centre**

(short description of the improvement)

to the above premises was substantially performed on **14 October, 2021**

(date substantially performed)

Date certificate signed: **14 October 2021**

**NORR Architects & Engineers Limited**

Name: Gordon Medvedchuk  
Title: Contract Administrator

Signature  
Date

(payment certifier where there is one)

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

Name of owner: **University Health Network**

Address for service: **399 Bathurst Street**

Name of contractor: **REA Construction**

Address for service: **70 Deerhide Crescent, North York, ON M9M 2Y6**

Name of payment certifier (where applicable): **NORR Architects & Engineers Limited**

Address: **175 Bloor Street East North Tower 15th Floor, Toronto, ON, M4W 3R8**

(Use A or B, whichever is 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:  
**University Health Network 190 Elizabeth Street Toronto Ontario M5G 2C4**

(if the lien does not attach to the premises, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)