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

Construction Act

| Toronto   |
|---|
| (County/District/Regional Municipality/Town/City in which premises are situated)  |
| 610 University Avenue, Toronto, 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:   |
| Linac 12 Replacement Project  |
| (short description of the improvement)  |
| to the above premises was substantially performed on March 3, 2022  |
| (date substantially performed)  |
| Date certificate signed: March 16, 2022 Health Care Solutions Inc.  |
| Steven lacucci Digitally signed by Steven lacucci Date: 2022.03.16 15:36:46 -04'00  |
| (payment certifier where there is one - signature required) (owner and contractor, where there is no payment certifier - signatures required)       |
| Name of owner: Princess Margaret Hospital   |
| Address for service: 610 University Ave., Toronto, ON M5G 2C1   |
| Name of contractor: Health Care Solutions Inc.  |
| Address for service: 610 University Ave., Toronto, ON M5G 2C1   |
| Name of payment certifier (where applicable):   |
| Address:  |
| (Use A or B, whichever is appropriate)  |
| A. Identification of premises for preservation of liens:  |
| Princess Margaret Hospital - 610 University Ave., Toronto, ON M5G 2C1   |
| (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)                  |