

**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)

200 Elizabeth St.

(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:

TGH Loading Dock Emergency Slab Repairs

(short description of the improvement)

to the above premises was substantially performed on September 30, 2021

(date substantially performed)

Date certificate signed: March 29, 2022

\_\_\_\_\_  
(payment certifier where there is one)

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

Name of owner: University Health Network

Address for service: 700 Bay St., Toronto Ontario

Name of contractor: PCL Constructors Canada Inc.

Address for service: 2201 Bristol Circle, Oakville Ontario

Name of payment certifier (where applicable): UHN

Address: LuCliff Place, 700 Bay Street, 7th Floor, Toronto, Ontario, M5G 1Z6

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

200 Elizabeth St, 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)