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

Construction Act

This is to certify the com	pletion of a subcontract for th	e supply of services or materials between
Pro Caissons Ltd.		and Fram Construction Management Inc.
(name	of subcontractor)	
dated the May day	y of,	20 21 .
The subcontract provide	d for the supply of the followir	ng services or materials:
Installation of Shoring	and Caissons	
to the following improve	ment:	
McMaster Graduate St		
		cription of the improvement)
of promises at 191 Kin	g Street West, Hamilton, ON	4
		s, or if there is none, the location of the premises)
Date of certification Ma	w 16, 2022	
	A	
Ă	\$ <u>/</u>	
(payment certi	fier where there is one)	(owner and contractor)
Name of owner: KCAP	McMaster Grad GP Inc.	
Address for service: 45	St. Clair Avenue West. Suit	e 1001, Toronto, ON M4V-1K9
	AM Construction Managem	
Name of contractor: Inc	}.	
Address for service: 14	1 Lakeshore Rd, West, Miss	sissauga, ON L5G-1E3
Name of payment certifi	er (where applicable): SRM /	Architects Inc.
Address: 279 King Str	eet West, Suite 200 Kitchen	er. Ontario N2G 1B1
(Use A or B, whichever is ap	propriate)	
The block b Part of Lot 1	14 and Part of the Alleyway	eorge St, & Caroline St, G.S. Tiffany Survey - Unregistered and (closed by order registered as INST N HA 136733) and
Registered	Plan N 114 in the City of Ha	milton o the premises, a legal description of the premises,
		<i>i</i> identifier numbers and addresses for the premises)
B. Office to whi	ch claim for lien must be giver	n 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)