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

Construction Act

Toronto, ON	
(County/District/Regional Municipali	ty/Town/City in which premises are situated)
399 Bathurst St. (T	oronto Western Hospital - TWH)
(street address and city, town, etc., or, if the	re is no street address, the location of the premises)
This is to certify that the contract for the following improve	ement:
TWH VFD Installation	
(short descrip	tion of the improvement)
to the above premises was substantially performed on _	Dec. 31, 2021 (date substantially performed)
Date certificate signed:	Songyang Hu June 8, 2022
	Jengyang Hu June 8, 2022
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of contractor: Ainsworth Inc.  Address for service: 131 Bermondsey Rd, 7	Foronto, ON M4A 1X4
Name of payment certifier (where applicable):	
Address: 90 Sheppard Ave. E., Suite 50	00, Toronto, ON M2N 3A1
(Use A or B, whichever is appropriate)	
A. Identification of premises for preservation of li	i <b>ens:</b> EXCEPT WA95480; LT 65-77 PL D55 TORONTO EXCEPT PT 1 63R1149, EXCEPT WA95460 AND WA7405
CITY WEST AS IN WA74083 AND WA67877; PT PARK LT 18 CON FIRST THE TRANSPORT OF THE	a, <u>WA78895 AND WA83460; LANE PL 1070 CITY WEST CLOSED BY WA43208 AND WA83460; PT RESERV</u> 한 B5 <b>99916,96</b> 0 1 <b>구나95명나 PASCHIB<sup>1</sup>19726명원 가 Pf 2호박 PE</b> 812 CITY WEST AS IN WA63225 AND ntifier numbers and addresses for the premises)
: токомто; ierwill an eRemedificeส่งผหน่าโดเมื่อมีของโดเมื่อมาสมุรร่₂be given to	preserve lien:
	ses, a concise description of the premises, including addresses, person or body to whom the claim for lien must be given)