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)
129 ST. CLAIR. AUE WEST, TORONTO, ONTARIO
(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:
FIUISH CARRENTES (short description of the improvement)
(short description of the improvement)
to the above premises was substantially performed on
Date certificate signed: 12 2021
Iwn huy
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: CHURCH TERRACE DESCRIPTION TOTALTO, ONTHERD
Name of contractor: CANCIAN Bros LTD
Address for service: 5732 Hwy #7, UNIT 13 WOODSTRING, OUT LAL-342
Name of payment certifier (where applicable):
Address: 129 ST. CLAIR AVE DEST, TOTEOWTO, ONTARIO
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens: (29 ST. CAME AND WEAK TOPONTO, ONTO 10
(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)

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Construction Act

Torsouro, outreso
(County/District/Regional Municipality/Town/City in which premises are situated)
49-69 101 ST. CLAIR AVE WEST
(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:
(short description of the improvement)
(short description of the improvement)
to the above premises was substantially performed on
Α
Date certificate signed: 12 7022
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: FOXBAIZ TWO BUILDING GROUP FUC Address for service: 95 ST. CLAIR AVE WEST, TOIZOUTW, OUT SUITE 1600
Vame of contractor: CANCIAN BIES LTD .
ddress for service: 5732 Hwy #7, Unit 19 woossance, out LAL-3t2
ame of payment certifier (where applicable):
ddress: 49-69 101 ST: CLAIR AUE WEST
se 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:
(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)