

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

Construction Act

City of Toronto

(County/District/Regional Municipality/Town/City in which premises are situated)

UHN, 520 Sutherland Dr, Toronto, M4G 3V9

(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:

LAN Room

(short description of the improvement)

to the above premises was substantially performed on **2022-07-15**

(date substantially performed)

Date certificate signed: **2022-07-15**

(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. Suite 700, Toronto, Ontario M5G 1Z6**

Name of contractor: **Black & McDonald Limited**

Address for service: **31 Pullman Ct, Scarborough, ON, M1X 1E4**

Name of payment certifier (where applicable): **Smith and Andersen Consulting Engineering**

Address: **1100-100 Sheppard Ave. East, Toronto, ON, M2N 6N5**

(Use 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:

University Health Network
7th Floor, P.O. Box 217
700 Bay Street
Toronto, Ontario M5G 1Z6

(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)