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

Construction Act

(County/District/Regional Municipality/Town/City in which premises are situated) LOUIS ST. LANKENT 1 THOMPSON (LOW) MINTON, ONTAMO (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: SITE WORKS - SITE VFILL/PNEP/PNEP/PRAYEMENTS (short description of the improvement) to the above premises was substantially performed on	TOWN OF MILTON
This is to certify that the contract for the following improvement: SITE WORKS - SITE OPFILL / PREP / FRANCISCOME (short description of the improvement) to the above premises was substantially performed on	
This is to certify that the contract for the following improvement: SITE WORKS - SITE OPFILL / PREP / FRANCISCOME (short description of the improvement) to the above premises was substantially performed on	LOUIS ST. LAVE ENT of THOMPSON ROAD, MICTON, ONTARIO
SITE WORKS - SITE OPFIL / PREP / FRAMEWORKS (short description of the improvement) to the above premises was substantially performed on	(street address and city, town, etc., or, if there is no street address, the location of the premises)
(short description of the improvement) to the above premises was substantially performed on	This is to certify that the contract for the following improvement:
To the above premises was substantially performed on	SITE WORKS - SITE UPFILL / PREP / FRAMEWORDS
Date certificate signed: (payment certifier where there is one) (owner and contractor, where there is no payment certifier) Name of owner: MILTON THOMPSON COLNER DEVELOPMENT LIMITED Address for service: Stoo Yonge ST, Suite \$500, To hours, out M2N SRS Name of contractor: MEGGATE COSTINCTON MANA 15MENT LTO. Address for service: Stoo Yonge ST, Suite \$ 901, Tolor 30, out M2N SRS Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A Identification of premises for preservation of liens: LOUIS ST. LANGET & THOMPSON (LOAD), MILTON, OUT CANADA (If a lien attaches to the premises, a legal description of the premises,	
(payment certifier where there is one) (owner and contractor, where there is no payment certifier) Name of owner: MI-Ton Thompson Corner Development Limited Address for service: \$400 Yong ST, Sute \$500, Tolonto, out M2N-SRS Name of contractor: have a constructon management Lto. Address for service: \$400 Yong ST, Sute \$401, Tolonto, out M2N-SRS Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A Identification of premises for preservation of liens: Louis ST. Lalent 1 Thompson Co AD, Milson out CAPADA (if a lien attaches to the premises, a legal description of the premises,	to the above premises was substantially performed on
(payment certifier where there is one) (owner and contractor, where there is no payment certifier) Name of owner: MI-Ton Thompson Corner Devel	Date certificate signed: 5007 27/2022
(payment certifier where there is one) (owner and contractor, where there is no payment certifier) Name of owner: MI-TON THOMPSON COLNEL DEVELOPMENT LIMITED Address for service: S400 YONGE ST, SUITE # 500, TO MONTO, ONT M2N'SRS Name of contractor: MEDICAPIE CONTINCED MANAJEMENT LTO. Address for service: S400 YONGE ST, SUITE # 401, TOMO FO, ONT M2N'SRS Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: LOUIS ST. LANGENT & THOMPSON PORD, MICTON ONT CAMADA (if a lien attaches to the premises, a legal description of the premises,	- AM
Address for service: S400 You st. Suite 500, To worth, out Mann SRS Name of contractor: head are construction mann fement Lto. Address for service: S400 You st. Suite 4401, Tolore, out mann fement where applicable): Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: Louis ST. Langert 1 Thompson Road, Milson, out capada (if a lien attaches to the premises, a legal description of the premises,	
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Name of contractor: https://www.manajement.lto. Address for service: 5400 Youje st, diff 401, tolers, out monsks Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: LOUIS ST. LAULENT & THOMPSON COAD, MILTON, ONT, CAMADA (if a lien attaches to the premises, a legal description of the premises,	
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(if a lien attaches to the premises, a legal description of the premises,	
including all property identifier numbers and addresses for the premises)	(if a lien attaches to the premises, a legal description of the premises,
instancy an property fastianor framework and addresses for the premisesy	including all property identifier numbers and addresses for the premises)
B. Office to which claim for lien must be given to preserve lien:	☐ 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)	(if the lien does not attach to the premises the name and address of the passes as had at a when the stair (- " - " - " - " - " - " - " - " - " -