

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

This is to certify the completion of a subcontract for the supply of services or materials between

**Toocor Limited.** and **Trillium Housing Oak Non-Profit Corporation**,  
(name of subcontractor)

dated the **16** day of **April**, 20 **21**.

The subcontract provided for the supply of the following services or materials:

**Excavation**

to the following improvement:

**Maxx Urban Towns - Construction**

(short description of the improvement)

of premises at **2635 William Jackson Drive, Pickering ON L1V 2P8**.  
(street address, or if there is none, the location of the premises)

Date of certification **July 29, 2022**

(payment certifier where there is one)  
Name of owner: **Trillium Housing Oak Non-Profit Corporation**

  
Trillium Housing Oak  
Non-Profit Corporation

  
(owner and contractor)  
VanMar Constructors ON 1017 Inc.

Address for service: **2635 William Jackson Drive, Pickering ON, L1V 2P8**  
**VanMar Constructors ON 1017**

Name of contractor: **Inc**

Address for service: **145 Goddard Crescent, Cambridge ON N3E 0B1**

Name of payment certifier (where applicable): **N/A**

Address: **N/A**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:  
**2635 William Jackson Drive, Pickering ON, L1V 2P8**  
(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)