

95 St. Clair Avenue West Suite 1500, Toronto, ON Canada M4V 1N6

416.961.4111 www.wzmh.com

WZMH Architects

August 8, 2022

William D. Moser
Turner Construction Company
140 Yonge Street, Suite 400
Toronto, Ontario
M5E 1G6

Attention: William D. Moser

Re: Project Name: BMO SCC Data Center

Project No. 07664.001

Substantial Performance Form 9

Dear: William D. Moser

We are pleased to submit herewith the Construction Act Form 9 dated August 8, 2022, acknowledging Substantial Performance achieved on July 27, 2022, for the above noted project. Publishing this document in print Daily Commercial News, or electronic format, is the sole responsibility of Turner Construction Company. WZMH and the Owner, Bank of Montreal, require confirmation, that the Form 9 has been published according to the Construction Act.

Please contact the undersigned if you have any queries regarding the above.

Yours truly, WZMH ARCHITECTS

Hady Lofty

Attach. Form 9

cc. Mr. Eugene Murariu - Bank of Montreal Mr. Bruno Da Silva - Bank of Montreal

Ted DuArte – WZMH

Principals
Len Abelman, OAA, MRAIC
Mohammed Al-Atheri, OAA, MRAIC
Supreet Barhay, OAA, MRAIC, LEED AP BD+C
Nicola Casciato, OAA, MRAIC
Harrison Chan, OAA, MRAIC
Jee-Young-Kang, B.Arch.
Jeffrey Leong-Poi, OAA, MRAIC
Richard Myers, OAA, MRAIC, LEED AP BD+C
Moran Olsha, B.Tech, LEED AP
Zenon Radewych, B.Tech

Chief Financial Officer Genevieve Easton, CPA, CA, ACA

A Partnership of Corporations

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)
	(street address and city, town, etc., or, if there	e is no street address, the location of the premises)
This is to c	ertify that the contract for the following improve	ment:
	(short description	on of the improvement)
to the abov	ve premises was substantially performed on	
to the abov		(date substantially performed)
Date certifi	cate signed:	
	Ham LATY. WZMH	
(payment	certifier where there is one - signature required)	(owner and contractor, where there is no payment certifier - signatures required)
Name of ov	wner:	
Address fo	r service:	
Name of co	ontractor:	
Address for service:		
Name of pa	ayment certifier (where applicable):	
Address:		
(Use A or B,	whichever is appropriate)	
A. Identification of premises for preservatio		ens:
	(if a lien attaches to the including all property iden	premises, a legal description of the premises, tifier 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 a	and address of the person or body to whom the claim for lien must be given)