

**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

**RES PRECAST INC.** and **FRAM CONSTRUCTION MANAGEMENT INC**,  
(name of subcontractor)

dated the **6** day of **NOVEMBER**, 20 **21**.

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

**PRECAST MASONARY SUPPLY AND INSTALL**

to the following improvement:

**MCMASTER GRADUATE STUDENT RESIDENCE**

(short description of the improvement)

of premises at **191 KING STREET WEST, HAMILTON, ON**.  
(street address, or if there is none, the location of the premises)

Date of certification **DECEMBER 16, 2022**

**EDWARD THOMAS, PRESIDENT,**  
**SRM ARCHITECTS INC.**

(payment certifier where there is one)

**KCAP MCMASTER GRAD GP**

Name of owner: **INC.**

(owner and contractor)

Address for service: **45 ST. CLAIR AVENUE WEST, SUITE 1001, TORONTO, ON M4V 1K9**

**FRAM CONSTRUCTION**

Name of contractor: **MANAGEMENT INC.**

Address for service: **141 LAKESHORE RD WEST, MISSISSAUGA, ON L5G 1E3**

Name of payment certifier (where applicable): **SRM ARCHITECTS INC.**

Address: **279 KING STREET WEST, SUITE 200, KITCHENER, ON N2G 1B1**

(Use A or B, whichever is appropriate)

- A. Identification of premises for preservation of liens:  
**The block bound by King St, Bay St, George St, & Caroline St, G.S. Tiffany Survey - Unregistered and Part of Lot 14 and Part of the Alleyway (closed by order registered as INST N HA 136733) and Registered Plan N 114 in the City of Hamilton**

(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)