FORM 9

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

Construction Act

| City of Toronto various s | sites | | |
|---|---|---|--|
| (County District Regional I | Municipality/Town/City in which premises are situated) | | |
| 865 Pharmacy | | | |
| (street address and city, town | n, etc., or, if there is no street address, the location of the premises) | | |
| This is to certify that the or | ontract for the following improvement. | | |
| Change fuel tanks on sm | nall mobiles for TSSA rules | | 4000mm/coutontainon |
| | (short description of the improvement | ent) | |
| to the above premises was performed on | Nov 1 2022 | | |
| Date certificate signed: | Feb 23 2023 | Andry Work | A Bul Canada |
| (payment certifier wi | here there is one) | (owner and contractor, where there is | no payment certifier) |
| | | | STEPHEN MCROSS AN |
| Name of owner: | Bell Canada | (PRESIDENT) | Cannington Construction LTD 3-4 Fortecon Drive |
| Address for service: | 865 Pharmacy Ave Stouffville, ON L4A 2G8 | | |
| Name of contractor: | Cannington Constuction LTD | | |
| Address for service: | 4 Fortecon Drive Unit 2 Stouffville ON L4A 2G8 | | |
| Name of payment certifier | (where applicable): | | |
| Address: | | | |
| (Use Acr 8, whichever is approp | priate) | | |
| (A) | Identification of premises for preservation of liens: | | |
| 865 Pharmacy Ave Scarborough ON | | | |
| | | es, a legal description of the premises, imbers and addresses for the premises | |
| В. | Office to which claim for lien must be given | to preserve lien: | |
| | (if the lien does not attach to the premises, the name lien in | e and address of the person or body to ust be given) | whom the claim for |

CA-9-E (2018/04)