

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

Construction Act

Toronto, Ontario, Canada

(County/District/Regional Municipality/Town/City in which premises are situated)

2109 Finch Avenue West, North York, ON, M3N 1N1

(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:

Humber River Hospital Long-Term Care Facility

(short description of the improvement)

to the above premises was substantially performed on March 16, 2023

(date substantially performed)

Date certificate signed: March 23, 2023

Jeff Churchill, HOK



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: Humber River Hospital

Address for service: 1235 Wilson Avenue, Toronto, Ontario, M3M 0B2

Name of contractor: EllisDon Corporation

Address for service: 1004 Middlegate Road, Suite 1000, Mississauga, Ontario, L4Y 1M4

Name of payment certifier (where applicable): HOK, Architecture Corp

Address: 400 University Avenue, Suite 2200, Toronto, Ontario, M5G 1S5

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

PT LT 20 CON 5 WYS TWP OF YORK AS IN NY485093 & PT 2, RS848, EXCEPT PT 1 & 2 EXPROP PL 8144 (NY514681), PT 1, 64R6173 & NY507957, PARTS 1, 2, & 3 ON EXPROPRIATION PLAN AT4904764; THE BOUNDARIES OF OAKDALE ROAD AS CONFIRMED BY BOUNDARIES ACT PLAN NY677406 PLAN 9911 REGISTERED AS 64BA635; TORONTO (NYORK); SAVE AND EXCEPT PARTS 1 TO 5 ON PLAN 66R-32839

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)