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

Construction Act

CITY OF TORORIO
(County/District/Regional Municipality/Town/City in which premises are situated)
200 ADELAIDE ST. W, SUITE 300
(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:
INTERIO RENOVATION ON BRO FLOOR
(short description of the improvement)
to the above premises was substantially performed on <u>KNOVEMBER</u> 30, 20, 22 (date substantially performed)
Date certificate signed: MAY 07, 2023
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: CONTACT MONKEY
Address for service: 200 ADELAIDE ST. W, TOROWTO MSH 1W7
Name of contractor: AMCO SERVICES
Address for service: 2361 FOLK WAY DR., MISSISSAUGA, LSL3CE
Name of payment certifier (where applicable): AMIR SADIC
Address: 200 ADELATIDE ST. W. YERONTO M5H1W7
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens:
200 ADELAIDE ST. W. TORONTO MSHIW7
(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, a concise description of the premises, including addresses, and the name and address of the person or body to whom the claim for lien must be given)