## 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               |  |
|---|--|
| 011 1/11 0 1 1 1  | CENTRE ICE DEVELOPMENTS GP CORP. IN ITS                                |
|   | CAPACITY AS GENERAL PARTNER OF CENTRE ICE LP                           |
| (name of subcontractor)   |  |
| dated the 11th day of March , 20 21   | •  |
| The subcontract provided for the supply of the following services or materials: |  |
| Labour, Concrete and Material Handling  |  |
| to the following improvement:   |  |
| Architectural Concrete, Landscape Walls and Curbs                               |  |
| (short description of t   | he improvement)  |
| of premises at Station Park Phase 1, 617-621 & 634-641 Kin                      | ng St W Kitchener ON N2G 1F9   |
|   | e is none, the location of the premises)                               |
| (on oor address) of it there  |  |
| Date of certification05/10/2023   |  |
|   |  |
|   |  |
| (payment certifier where there is one)  | (owner and contractor)   |
| CENTRE ICE DEVELOPMENTS GP CORP. IN IT  |  |
| Name of owner: CAPACITY AS GENERAL PARTNER OF CENTRE ICE LP                     |  |
| Address for service: 145 Goddard Crescent, Cambridge ON N3E 0B1                 |  |
| Name of contractor: Otter Valley Construction Inc.                              |  |
| Address for service: 25306 Norwich Rd PO Box 88Norwich, ON, N0J 1P0             |  |
| V M O ( ) ( O) ( OO) (  |  |
| Name of payment certifier (where applicable): VanMar Cons                       | tructions ON 1028 Inc.   |
| Address: 145 Goddard Crescent, Cambridge ON N3E                                 | 0B1  |
|   |  |
| (Use A or B, whichever is appropriate)  |  |
| X A. Identification of premises for preservation of liens:                      |  |
| 617-621 and 634-641 King St W Kitchener,  | ON, N2G 1E9  |
|   | ses, a legal description of the premises,                              |
|   | numbers and addresses for the premises)                                |
| ☐ R Office to which claim for lies must be given to proce                       | aryo lion:   |
| B. Office to which claim for lien must be given to prese                        | ave nen.   |
| (if the lien does not attach to the premises, the name and ac                   | ddress of the person or body to whom the claim for lien must be given) |
| ( the new december attack to the promised, the name and ac-                     | and the person of body to whom the claim for hell mot be given)        |