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

Construction Act

City of Toronto

(County/District/Regional Municipality/To	own/City in which premises are situated)
Princess Margaret Hospital, 610 University Ave	e, Toronto, ON, M5G 2M9
(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	ent:
Supply and install new ice/water dispenser and pov	wer outlet; Supply/install cabinet millwork
(short description	of the improvement)
to the above premises was substantially performed on $\frac{\text{May}}{\text{(d)}}$	25, 2023 late substantially performed)
Date certificate signed: May 29, 2023	
N/A	Carmine Di Biase Ky Luu (Contractor) Ky Luu
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of owner: University Health Network - Princ	ess Margaret Hospital
Address for service: 610 University Ave, Toron	to, ON, M5G 2M9
Name of contractor: Sure General Contractors Inc	
Address for service: 215 Midwest Rd, Toronto, ON	I, M1P 3A6
Name of payment certifier (where applicable): n/a	
Address:	
(Use A or B, whichever is appropriate)	
A. Identification of premises for preservation of liens	
	niversity Ave, Toronto, ON, M5G 2M9 mises, a legal description of the premises,
	er numbers and addresses for the premises)
☐ B. Office to which claim for lien must be given to pre	eserve 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)