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

Construction Act

Toronto Ontario
(County/District/Regional Municipality/Town/City in which premises are situated)
555 University Avenue Toronto Ontario
(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:
Electrical Panel Identification
(short description of the improvement)
to the above premises was substantially performed on March 03, 2023 .
(date substantially performed)
Date certificate signed: May 25, 2023
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
(payment certifier where there is one)
Name of owner: Hospital for Sick Children
Address for service: 555 University Avenue, Toronto, Ontario, M5G 1X8
Name of contractor: Ainsworth Inc
Address for service: 131 Bermondsey Rd, Toronto, Ontario, M4A 1X4
Name of payment certifier (where applicable): Gerard Williams,
Address: 250 Rowntree Dairy Rd, Woodbridge
(Use A or B, whichever is appropriate)
$oxed{\boxtimes}$ A. Identification of premises for preservation of liens:
555 University Avenue, Toronto, Ontario, M5G 1X8
(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)