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 of services or materials between **IMT Modular Partitions Ltd.** and Creditstone 2006 Inc. (name of subcontractor) dated the 04 day of July , 20 **23** The subcontract provided for the supply of the following services or materials: **Glass Partitions and Doors** to the following improvement: **CDC Creditsone Head Office** (short description of the improvement) of premises at 1501 Creditstone Rd. Concord Ontario L4K 5V6 (street address, or if there is none, the location of the premises) Date of certification 07-04-2023 (payment certifier where there is one) Name of owner: Creditstone 2006 Inc. Address for service: 1501 Creditstone Rd., Concord Ontario L4K 5V6 Name of contractor: Athree Building Corporation Address for service: 2800 14th Ave Suite 406 Markham Ontario L3R 0E4 Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) \boxtimes A. Identification of premises for preservation of liens: CDC Creditstone Head Office - 1501 Creditstone Rd., Concord Ontario L4K 5V6 (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, the name and address of the person or body to whom the claim for lien must be given)