

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

Construction Act

MISSISSAUGA, ONTARIO, CANADA ,	
(County/District/Regional Municipality/Town/City in which premises are situated)	
2200 EGLINTON AVE W, MISSISSAUGA, ON L5M 2N1 ,	
(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:	
FIRE ALARM SYSTEM MODERNIZATION (short description of the improvement)	
(snort description of the improvement)	
to the above premises	was substantially performed on OCTOBER 12, 2023 (date substantially performed)
Date certificate signed: OCTOBER 18, 2023	
LRI ENGINEERING INC.	
Muveno Mucaza	,
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)	
Name of owner: TRILLIUM HEALTH PARTNERS	
Address for service:	2200 EGLINTON AVE W, MISSISSAUGA, ON L5M 2N1
Name of contractor:	SIEMENS CANADA LIMITED
Address for Service:	1577 NORTH SERVICE ROAD EAST, OAKVILLE, ON L6H 0H6
Name of payment certapplicable):	tifier (where LRI ENGINEERING INC.
Address: 170 UNIVERSITY AVENUE, 3 <sup>RD</sup> FLOOR BOX 1, TORONTO, ONTARIO, M5H 3B3	
(Use A or B; whichever is appropriate)	
☑ A. Identification of premises for preservation of liens:	
A. Identification of premises for preservation of fields.	
2200 EGLINTON AVE W, MISSISSAUGA, ON L5M 2N1	
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)	
$\ \square$ 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)	