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

Construction Act

| City of Burlington                                             |                                                                                                                    |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (County/District/Regional Mun                                  | icipality/Town/City in which premises are situated)                                                                |
| 1122 Internation                                               | nal Blvd., Burlington, ON L7L 6W6                                                                                  |
| (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 improve | vement:                                                                                                            |
| Transformer Vault and                                          | d Electrical Room Waterproofing Repairs                                                                            |
| (short description of the improvement)                         |                                                                                                                    |
| to the above premises was substantially performed on           | September 6, 2023                                                                                                  |
| to the above promises has caselandary, periormed on            | (date substantially performed)                                                                                     |
| Date certificate signed: September 7, 2023                     |                                                                                                                    |
|                                                                | A. Juadagrole                                                                                                      |
|                                                                |                                                                                                                    |
| (payment certifier where there is one)                         | (owner and contractor, where there is no payment certifier)                                                        |
| Name of owner: 1122 International Nominee Inc.                 |                                                                                                                    |
| Name of owner: 1122 International Nominee Inc.                 |                                                                                                                    |
| Address for service: 1122 International Blvd., Burlingt        | on, ON                                                                                                             |
| Name of contractor: Associated Building Restoration L          | td.                                                                                                                |
| Address for consists 47 Shaft Pond Toronto ON MOW 4M2          |                                                                                                                    |
| Address for service: 47 Shaft Road, Toronto, ON M9W 4M3        |                                                                                                                    |
| Name of payment certifier (where applicable):  ABG E           | Engineering Inc.                                                                                                   |
| Address: 23-1111 Davis Drive, Suite 231 Newmarket, ON L3Y 9E5  |                                                                                                                    |
| (Use A or B, whichever is appropriate)                         |                                                                                                                    |
| (Ose A of B, whichever is appropriate)                         |                                                                                                                    |
| A. Identification of premises for preservation of              |                                                                                                                    |
|                                                                | pper Middle Road, Suite 700, Oakville, ON L6H 0C3                                                                  |
| •                                                              | s to the premises, a legal description of the premises,<br>erty identifier numbers and addresses for the premises) |
| B. Office to which claim for lien must be given t              | o preserve lien:                                                                                                   |
|                                                                | o p. coc. 7 cc                                                                                                     |
| (if the lien does not attach to the premises, the              | e name and address of the person or body to whom the claim for lien must be given)                                 |