Hamilton, ON		
(County/District/Regional Municipality/Town/City in which premises are situated)		
49 Charlton Avenue East		
(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:		
Rehabilitation and Restoration of Parking Ramp 3		
(Short Description of the Improvement)		
To the above premises was substantially performed on:		October 20, 2023
		(Date Substantially Performed)
Date Certificate Signed: October 24, 2023		
D.V:ckm		
(Payment Certifier Where There is One)		(Owner and Contractor, Where There is No Payment Certifier)
Name of Owner:	St. Joseph's	Hamilton Healthcare
Address for Service:	49 Charlton	Avenue East, Hamilton, ON L8N 1Y3
Name of Contractor:	Complete Concrete Restoration Ltd.	
Address for Service:	9782 Castle	derg Sideroad, Caledon, ON L7E 0S3
Name of Payment Certifier (where applicable):	Engineering	Link Incorporated
Address:	375 Univers	ity Avenue Suite 901, Toronto, ON M5G 2J5
Use A or B, whichever is appropriate)		
A. Identification of premises for preservation of liens:		
(If a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises))		
D. Office to subjet plain for line mouths since to succeed the		
B. Office to which claim for lien must be given to preserve lien:		