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

Construction Act

CSOW RIE C1-CO1 - Fencing and Grounding

GMC-TS-042-TWR1 GMCB_TS_Deep River_Tower					
(County/District/Regional Municipality/Town/City in which premises are situated)					
Latitude	e: 4	6.11361049, Longtitude: -77.57665189			,
		(street address and city, town, etc., or, if there is no street	address, the location of the prei	mises)	
This is to	O C6	ertify that the contract for the following improvement:			
Design,	, co	nstruction and deployment of Products as set out in to		ve Decembe	r 18, 2020.
		\	,		
to the at	bov	e premises was substantially performed on November 0 (date subst	6, 2023. antially performed)		
Date certificate signed:				Derek	Digitally signed by Derek Griffiths
				Griffiths	Date: 2023.11.23 11:45:45 -05'00'
(payment certifier where there is one)			(owner and contractor, where there is no payment certifier)		
Name of	f ov	Ministry of the Solicitor General of Ontario			
Address	s for	service: SOLGEN, GMCB 21 College Street, Suite 30	1 Toronto, Ontario M5G 2	B3	

iname of	T CC	ntractor: Bell Mobility Inc.			
Address for service: 5099 Creekbank Road, Mississauga, Ontario, L4W 5N2					
Name of	f pa	yment certifier (where applicable):			
Address					
(Use A or	r B, 1	vhichever 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)					
		Director, Legal Services Branch, SOLGEN, 655 Bay St. 5th Fl. Toronto, ON M7A 0A8 Alternatively, due to the COVID-19 emergency, claims for lien may be served at the address: cloc.reception@ontario.ca. Emails must include the sender's name, address, telephone number and email address			

(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)