

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

Construction Act

Toronto, ON

(County/District/Regional Municipality/Town/City in which premises are situated)

Toronto Western Hospital, 399 Bathurst Street, Toronto ON, M5T 2S8

(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:

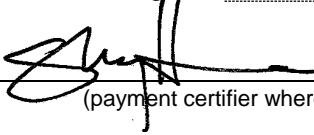
TWH 13/14 MCL Early Demolition Project - SAP # 110022016

(short description of the improvement)

to the above premises was substantially performed on December 21, 2023

(date substantially performed)

Date certificate signed: December 22, 2023



Cumulus Architects Inc.

(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: University Health Network

Address for service: 67 College Street, 2nd Floor, Toronto ON, M5G 2M1

Name of contractor: Chart Construction Management Inc.

Address for service: 7681 Hwy 27, Unit 11, Woodbridge ON, L4L 4M5

Name of payment certifier (where applicable): Cumulus Architects Inc.

Address: 160 Pears Ave. Suite 300, Toronto ON, M5R 3P8

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Toronto Western Hospital, 399 Bathurst Street, Toronto ON, M5T 2S8

(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)