

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-016-TWR1 GMCB TS Barry's Bay Tower SE

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

Latitude: 45.47638832 Longitude: -77.6027635

(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:

Design, construction and deployment of Products as set out in the RIE C1- CSOW effective December 18, 2020.

(short description of the improvement)

to the above premises was substantially performed on **January 11, 2024**

(date substantially performed)

Date certificate signed:

.....
(payment certifier where there is one)

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

Name of owner: **Ministry of the Solicitor General of Ontario**

Address for service: **SOLGEN, ESTD 21 College Street, Suite 301 Toronto, Ontario M5G 2B3**

Name of contractor: **Bell Mobility Inc.**

Address for service: **5099 Creekbank Road, Mississauga, Ontario, L4W 5N2**

Name of payment certifier (where applicable):

Address:

(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)

B. Office to which claim for lien must be given to preserve lien:

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)