

February 21, 2024

EllisDon Corporation
1004 Middlegate Rd, Unit 1000
Mississauga, ON L4Y 1M4

Attention: Mark Kiani, Project Manager

Dear Mark:

**Re: UHN Toronto Rehabilitation Institute
SPARC Clinic
NORR Project No. ONBL22-0009
Form 9 – Certificate of Substantial Performance**

Attached please find the Form 9 – Certificate of Substantial Performance for your reference.

Please publish in the Daily Commercial News and forward a copy of the publication to University Health Network and NORR.

Yours truly,

NORR Architects & Engineers Limited



Alvin Vane
Designer

T 647 867 4795
alvin.vane@norr.com

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

Construction Act

TORONTO, ONTARIO

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

550 University Ave. Toronto, On - M5G 2A2

(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:

Renovation on the 4th and 8th Floor - Phases 1, 1.5, 2.0, 2.25 and 2.5

(short description of the improvement)

to the above premises was substantially performed on **the 9th of February 2024**

(date substantially performed)

Date certificate signed: **February 21, 2024**



(payment certifier where there is one)

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

Name of owner: **University Health Network**

Address for service: **# 414 -190 Elizabeth St. Toronto, On. M5G 2C4**

Name of contractor: **EllisDon Corporation**

Address for service: **1004 Middlegate Rd. Suite 1000, Mississauga, ON L4Y 1M4**

NORR Architects & Engineers

Name of payment certifier (where applicable): **Limited**

Address: **175 Bloor Street East North Tower 15th Floor, Toronto, ON, M4W 3R8**

(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:

#414 -190 Elizabeth St. Toronto, On. M5G 2C4

(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)