Toronto		
(County/District/Regional Municipality/Town/City in which premises are situated)		
145 King Street. West, Toronto		
(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:		
,		
Exterior Wall Sealant Replacement of Remaining Elevations (East Elevation)		
(Short Description of the Improvement)		
To the above premises was Substantially performed on:		March 12, 2024
(Date Substantially Performed)		(Date Substantially Performed)
Date Certificate Signed: March 19, 2024		
V. Maleev		
(Payment Certifier Where There is One)	<u> </u>	(Owner and Contractor, Where There is No Payment Certifier)
Name of Owner:	QuadReal Pr	operty Group
	Commerce C	ourt West, 199 Bay Street, Suite 4900. PO box 373
Address for Service:	Toronto, ON	MGL 1G2
Name of Contractor:	Maxim Group General Contracting Limited.	
Address for Service:	56 Gordon C	ollins Drive Gormley, ON LOH 1G0
Name of Payment Certifier (where applicable):	Engineering Link Incorporated	
Traine of Fayment ecremer (whose apphoasie).	21181116611118	
Address:	375 Universi	ty Ave, Suite 901 Toronto, ON M5G 2J5
Use A or B, whichever is appropriate)		
A. Identification of premises for preservation of liens:		
PLAN 654 LOTS 1-8 & 10-12 LANE CL & PT LOT 9 PLAN D37 LOT 8 PT LOT 7 PLAN E724 LOT 4		
(If a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises))		
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B. Office to which claim for lien must be given to preserve lien:		