

**FORM 10**  
**CERTIFICATE OF COMPLETION OF SUBCONTRACT**  
**UNDER SUBSECTION 33(1) OF THE ACT**  
*Construction Act*

This is to certify the completion of a subcontract for the supply of services or materials between

**Keystone Home Products Ltd** and **SKYGRiD Construction Inc.**  
(name of subcontractor)

dated the 7 day of April, 20 23.

The subcontract provided for the supply of the following services or materials:

**Closet and Bedroom Sliders**

to the following improvement:

**39 Story Residential Building and 3 Retails**

(short description of the improvement)

of premises at **480-494 Yonge St., Toronto**

(street address, or if there is none, the location of the premises)

Date of certification 12/15/2023

(payment certifier where there is one)

*Scott Yake*

(owner and contractor)

Name of owner: **494 Yonge Street Inc.**

Address for service: **100-290 North Queen Street., Toronto ON M9C5L2**

Name of contractor: **SKYGRiD Construction Inc.**

Address for service: **5750 Explorer Drive, Suite 200, Mississauga, ON L4W 0A9**

Name of payment certifier (where applicable): N/A

Address: N/A

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**480-494 Yonge St., Toronto**

(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)