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

Construction Act

| (County/District/Regional Municipality/Town/City in which premises are situated) |
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| (County/District/Regional Municipality/Town/City in which premises are situated) |
| 990 BLOOR ST WEST |
| (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: |
| Denotified of existing structures (short description of the improvement) |
| to the above premises was substantially performed on FEB 8 20024. (date substantially performed) |
| Date certificate signed: FEB 22 2024 |
| (payment certifier where there is one) (owner and contractor where there is no payment certifier) |
| Name of owner: 990 BLOOR STREET WEST LP |
| Address for service: 40 SNIDER CROFT RO, UNIT! CONCORD ON |
| Name of contractor: ASTRO ENURSIN MENTINE CORP |
| Address for service: 645 COROWATION DRIVE, SCARBOROUGH ON MIE 2KY |
| Name of payment certifier (where applicable): |
| Address: |
| (Use A or B, whichever is appropriate) |
| A. Identification of premises for preservation of liens: |
| 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: |
| (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) |