Form 9

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

Construction Act

CITY OF TORONTO	
(County/District or Re	egional Municipality/City in which premises are situate)
Street address and city, town,	Name Street, 2 nd Floor Toronto, Ontario etc., or if there is no street address, the location of the premises)
This is to certify that the cont	tract for the following improvement:
Interior renovations to the 2 ⁿ	d floor to the above premises were
substantially performed on:	March 22, 2024 .
Date Certificate Signed: Man	rch 25, 2024 Freeman + Freeman Design Inc. (Payment certifier, where there is one)
	(Owner & Contractor where there is no payment certifier)
Name of Owner:	Canada Life Assurance Company London Life Insurance Company
	c/o GWL Realty Advisors Inc.
Address for Service:	5160 Yonge Street, Suite 803
	Toronto, Ontario, M2N 6L9
Name of Contractor:	Fox Contracting Ltd.
Address for Service:	1 Eva Road, Suite 310
	Etobicoke, Ontario, M9C 4Z5
Name of Payment Certifier: Address:	Freeman + Freeman Design Inc 20 Leslie Street, Suite 303, Toronto, Ontario M4M 3L4

(Use A or B whichever is appropriate)

A:

5140 Yonge Street, 2 nd Floor, Toronto, Ontario
(if a lien attaches to the premises, a legal description of the premises, including all propert

identifier numbers and addresses for the premises)

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

Identification of premises for preservation of liens:

(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.)