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

Construction Act

| This is to | ce | rtify the complet | ion of a subco | ntract for the s | upply | of services or ma | aterials between | |
|---|---|---|-----------------------------------|--------------------|-----------|-------------------------------|--|--|
| Iron Shoring Inc. | | | | | and | and Bird Construction Group , | | |
| | | (name of su | ubcontractor) | | | | | |
| dated the | 6 | th day of | August | , 20 | 21 | _· | | |
| The subc | ont | ract provided fo | r the supply of | the following s | service | es or materials: | | |
| Excavation | on, | Backfill and S | horing | | | | | |
| to the follo | owi | ng improvemen | t: | | | | | |
| | | | | (short descrip | tion of t | the improvement) | | |
| of premise | es | at 64-86 Bathu | urst Street, To | ronto, Ontari | o M5\ | V-2P5 | | |
| · | | | (: | street address, or | if there | e is none, the location | on of the premises) | |
| Date of ce | ertii | fication Februa | ary 22, 2024 | | | | D. and the state of the state o | |
| | le | ich fri | WZMH Archit | ects | CL | BN | Docusigned by: Bird Construction | |
| Name of | | payment certifier w HNC Bath ner: HNC | where there is one urst Street N- | | | | (owner and contractor) | |
| Address f | or: | service: 81 Bay | / Street, Suite | 3500, Toront | o, Oni | tario M5J-1E6 | | |
| Name of | con | tractor: Bird C | onstruction G | Group | _ | | | |
| Address f | or: | service: 5700 E | xplorer Drive | , Suite 400, M | ississ | sauga, Ontario L | .4W-0C6 | |
| Name of p | рау | ment certifier (v | vhere applicab | le): WZMH | Archit | tects | | |
| Address: | | | | 500, Toronto, | | | | |
| (Use A or E | 3, w | hichever is approp | riate) | | | | | |
| ⊠ A. | . lo | Identification of premises for preservation of liens: | | | | | | |
| | 64-86 Bathurst Street, Toronto, Ontario M5V-2P5 | | | | | | | |
| | | | (if a lie | en attaches to the | premi | ses, a legal descript | ion of the premises, ses for the premises) | |
| ☐ B. Office to which claim for lien must be given to preserve lien: | | | | | | | | |
| | | (if the lien does no | ot attach to the pre | emises, the name | and ad | Idress of the person | or body to whom the claim for lien must be given) | |