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

Construction Act

| CITY OF UHBRIDGE (County/District/Regional Municipality/Town/City in which premises are situated) |
|--|
| 731 210 REALL COTE |
| (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: |
| Formwork (short description of the improvement) |
| to the above premises was substantially performed on August 2023 (date substantially performed) |
| Date certificate signed: |
| |
| (payment certifier where there is one - signature required) (owner and contractor, where there is no payment certifier - signatures required) |
| Name of owner: 245 2595 ONTAGO LTD. |
| Address for service: 31 SCARSDALE ROAD UNIT 2 TO RONTO, DNT. M38-2R2 |
| Name of contractor: BASECRETE INC. |
| Address for service: 78 Millwick DRIVE NORTH YORK ONT. M9L-143 |
| Name of payment certifier (where applicable): MILIAN CONSTRUCTION MANAGEMENT IN C. |
| Name of payment certifier (where applicable): MILIAN CONSTRUCTION MANAGEMENT IN C. Address: 31 SCARSDALE ROAD UNITA, TORONTO, ONT. M3B-2R2 |
| (Use A or B, whichever is appropriate) |
| A. Identification of premises for preservation of liens: BLOCK 10 - CITY OF UKBRIDGE, the Regional Municipality of Julithm in South Central Contain (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) |

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Construction Act

| (County/District/Regional Municipality/Town/City in which premises are situated) |
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| (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: |
| ר לינון אין בּ בְּצְׁנַ (short description of the improvement) |
| to the above premises was substantially performed on $\frac{f(\mathcal{H}_{\mathcal{H}})}{(\text{date substantially performed})}$. |
| Date certificate signed: 1104, 13, 2024 |
| (payment certifier where there is one signature required) (owner and contractor, where there is no payment certifier - signatures required) |
| Name of owner: 19 2000 (MO)CAC / TO . |
| Address for service: 31 CORODALE ROPE UNIT A TERMITARIA MORE ALL.). Name of contractor: PARCAPTE INC |
| Address for service: 75 Millivick DRIVI NORTH YERL CAR. MILL-146 |
| Name of payment certifier (where applicable): This IAN CONTROL MERCHERT INC. Address: 31 GCGARS DATE ROAD WOLLD, TORONTO, CNT. 11) NO. 7 (2.). |
| (Use A or B, whichever is appropriate) |
| A. Identification of premises for preservation of liens: 13 LCCK IC -CTTY of the Robert Hair Regional Municipality of Duthing in County Count |
| 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) |