

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

*Construction Act*

City of Toronto, Ontario

(County/District/Regional Municipality/Town/City in which premises are situated)

Queensway Health Centre ; 150 Sherway Dr, Etobicoke, ON M9C 1A5

(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:

**QHC PFT Training Room Renovation**

(short description of the improvement)

to the above premises was substantially performed on **April 12, 2024**

(date substantially performed)

Date certificate signed: **May 14, 2024**



(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **Trillium Health Partners**

Address for service: **100 Queensway W, Mississauga, ON L5B1B8**

Name of contractor: **Furcon**

Address for service: **2495 Haines Rd, Mississauga, ON L4Y 1Y7**

Name of payment certifier (where applicable): **J.L. Richards**

Address: **107-450 Speedvale Ave W, Guelph, ON N1H 7Y6**

(Use A or B, whichever is appropriate)

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:

**Trillium Health Partners, 2085 Hurontario Street, Suite 401, Mississauga, ON, L5A 4G1**

(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)