

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

*Construction Act*

MISSISSAUGA

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

3500 ARGENTIA RD, MISSISSAUGA, ON L5N 3W7

(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:

RENOVATION OF EXISTING OFFICE SPACE ALONG WITH CONSTRUCTING NEW OFFICES, BARRIER FREE WASHROOM, INTERFAITH ROOMS, KITCHEN & ELEVATOR INSTALLATION

(short description of the improvement)

to the above premises was substantially performed on 15 MAY 2024  
(date substantially performed)

Date certificate signed: 16 MAY 2024

\_\_\_\_\_  
(payment certifier where there is one)

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

Name of owner: LULULEMON ATHLETICA

Address for service: 3500 ARGENTIA RD, MISSISSAUGA, ON L5N 3W7

Name of contractor: HAMMERSMITH CORPORATION INC.

Address for service: 1301 FEWSTER DR, MISSISSAUGA, ON L4W 1A2

Name of payment certifier (where applicable): \_\_\_\_\_

Address: 3500 ARGENTIA RD, MISSISSAUGA, ON L5N 3W7

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

3500 ARGENTIA RD, MISSISSAUGA, ON L5N 3W7

(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)