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

Construction Act

This is to certify the completion of a subcontract for the supply of s	services or materials between
Metro Compactor Service Inc - Wilkinson Chutes and	Skygrid Construction Inc
(name of subcontractor)	
dated the day ofJune , 20 22	
The subcontract provided for the supply of the following services of	or materials:
Waste Management Equipment and R	etail Bins
to the following improvement:	
Halo Condo and Retail Space	
(short description of the im	provement)
(street address, or if there is no	ne, the location of the premises)
Date of certificationFeb 20/2024	
	Rofina SpeCarli
(payment certifier where there is one)	(owner and contractor) (Subcontractor)
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Name of owner: bcIMC Realty Corportion c/o QuadREal Property (Group
Address for service: 480 Yonge Street, Toronto	Group
	Group
Address for service: 480 Yonge Street, Toronto	
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc	auga, ON
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc Address for service: 5750 Explorer DRive, Suite 200, Mississa	uga, ON
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc Address for service: 5750 Explorer DRive, Suite 200, Mississa Name of payment certifier (where applicable): N/A	uga, ON
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc Address for service: 5750 Explorer DRive, Suite 200, Mississa Name of payment certifier (where applicable): N/A Address: NA	uga, ON
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc Address for service: 5750 Explorer DRive, Suite 200, Mississa Name of payment certifier (where applicable): N/A Address: NA (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: 480 Yonge Street, Toronto	nuga, ON
Address for service: 480 Yonge Street, Toronto Name of contractor: Skygrid Construction Inc Address for service: 5750 Explorer DRive, Suite 200, Mississa Name of payment certifier (where applicable): N/A Address: NA (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens:	legal description of the premises,

(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)