

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)

Toronto Western Hospital - 399 Bathurst Street. Toronto, ON. M5T 2S8. Canada

(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:

2MC423 Room Renovation

(short description of the improvement)

to the above premises was substantially performed on **June 7th, 2024**

(date substantially performed)

Date certificate signed: **June 21st, 2024**

(payment certifier where there is one)

Jusaf Sultani *Andres Carrillo*

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

Name of owner: **University Health Network**

Address for service:

Toronto Western Hospital -
399 Bathurst Street. Toronto, ON. M5T 2S8. Canada

Name of contractor: **Furcon Environmental Inc.**

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

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Toronto Western Hospital - 399 Bathurst Street. Toronto, ON. M5T 2S8. Canada

(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)