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

AUG 2 2 2024
RECEIVED

Construction Act

This is to certify the completion of a subcontract for the supply of services or materials between
(name of subcontractor) and 59 Project Management (its.
dated the 21st day of Sept . 2022.
The subcontract provided for the supply of the following services or materials: LHBCUT + Materials:
to the following improvement: Masenqui (short-description of the improvement)
of premises at #55 O'COMOR DR. TORMO Ortario (street address, or there is none, the location of the premises)
Date of certification of tug as /2 4
Name of owner: 1962 1099e Street Suite 200 Territo, Ortario 1945-124
Name of contractor: 59 Project Management Ove.
Address for service: 55 LOGAN AVENUE Unit B TOKONTO, Ovario
Name of payment certifier (where applicable):
Address:
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens: 1455 O'CONNOR DRIVE TORINTO, CHANIO
(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)