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

Construction Act

Toronto District	
(County/District/Regional Municipality/Town/City in which premises are situated)	······································
Suite 800, 20 Victoria Street, Toronto, Ontario, M5C 2N8	
(street address and city, town, etc., or, if there is no street address, the location of the premis	es)
This is to certify that the contract for the following improvement:	
Interior Renovation Office Space	
(short description of the improvement)	
to the above premises was substantially performed on July 31, 2024 (date substantially performed)	
Date certificate signed: Oct. 1, 2024	
	// 0 //
	rkan Sayyadi
(payment certifier where there is one) (owner and contractor, where there	e is no payme@t@ertifier)
Name of owner: THE CANADA LIFE ASSURANCE COMPANY	
Address for service: Suite 800, 20 Victoria Street, Toronto, Ontario, M5C 2N8	
Name of contractor:  Clearspace Office Inc.	
Suite 901, 20 Victoria Street, Toronto, Ontario, M5C 2N8	
Address for contractor:	
Name of payment certifier (where applicable):	
Address:	
(Use A or B, whichever is appropriate)	
A Identification of promises for presentation of lienes	
<ul> <li>A. Identification of premises for preservation of liens:</li> <li>Suite 800, 20 Victoria Street, Toronto, Ontario, M5C 2N8</li> </ul>	
(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 and the name and address of the person or body to whom the claim for lien must be	