Latitude 67 Limited 3440 – 17th Sideroad King City ON L7B 1K4 Tel. No. : (905) 713-0283

Fax No. : (905) 713-0691

facsimile transmittal

| 1 | LATITUDE 67 LTD | TO: CONSTRUCTION CONFECT CANADA FAX: (905) 752-5450 |
|-----------|-----------------|--|
| • | INTITUDE OF LIB | From: GLANMARCO AIELLO Date: JULY ZI, 2020 |
| . • | | Re: CERTIFICATE OF SUBSTANTIAL Pages: Z |
| | | CC: VANDORF MUSEUM PENDVATION - STOUFFULLE |
| | | ☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recyc |
| | | Notes: TO WHOM IT MAY CONCERN, |
| | | PLEASE SEE ATTACHED CERTIFICATE OF SUBSTANTIAL PERFORMANCE FOR VANDORF MUSEUM. |
| | | |

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

Construction Act

| Town of Whitchurch-Stouffville |
|--|
| (County/District/Regional Municipality/Town/City in which premises are situated) |
| 14732 Woodbine Avenue, Whitchurch-Stouffville, ON. |
| (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: |
| Vandorf Museum Renovations (Retaining Wall & Fence) |
| (short description of the improvement) |
| to the above premises was substantially performed on _July 1, 2020 |
| (date substantially performed) |
| Date certificate signed: July 2, 2020 |
| |
| fallet |
| (payment certifier where there is one) (owner and contractor, where there is no payment certifier) |
| Town of Whitchurch- |
| Name of owner: Stouffville |
| Address for service: 111 Sandiford Drove. Stouffville, ON. L4A 0Z8 |
| Name of contractor: Latitude 67 Ltd. |
| |
| Address for service: 3440 17th Sideroad, King City, ON. L7B 1K4 Paul Gardner, Partner |
| Name of payment certifier (where applicable): Landscape Planning Limited |
| Address: DE Mural Street Suite 207 Dishmand Hill Oht LAD 202 |
| Address: 95 Mural Street, Suite 207, Richmond Hill, ON. L4B 3G2 |
| (Use A or B, whichever is appropriate) |
| A. Identification of premises for preservation of liens: |
| |
| (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: |
| 111 Sandiford Drove. Stouffville, ON. L4A 0Z6 |
| (if the iten 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 iten must be given) |