

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

Construction Act

TOWN OF HUNTSVILLE

(County/District/Regional Municipality/Town/City in which premises are situated)

454 MUSKOKA ROAD 3 NORTH, HUNTSVILLE, ON. P1H 1C6.

(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:

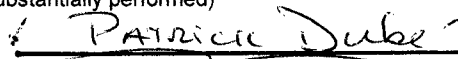
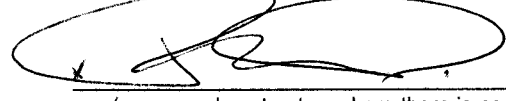
CAMPUS TRAILS WELLNESS CENTRE (HUNTSVILLE MEDICAL -SHELL BUILDING)

(short description of the improvement)

to the above premises was substantially performed on JUNE 30, 2020.

(date substantially performed)

Date certificate signed: July 22, 2020

(payment certifier where there is one)

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

Name of owner: 1901364 ONTARIO INC.

Address for service: 39 CAMPUS TRAIL, HUNTSVILLE, ON. P1H 0E5.

GREYSTONE PROJECT

Name of contractor: MANAGEMENT INC.

Address for service: 8 CRESCENT ROAD, UNIT A-1, HUNTSVILLE, ON. P1H 0B3.

Name of payment certifier (where applicable): N/A

Address: N/A

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

39 CAMPUS TRAILS, HUNTSVILLE, ON. P1H 0E5.

(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)