FORM 7 CERTIFICATE OF COMPLETION OF SUBCONTRACT UNDER SUBSECTION 33 (1) OF THE ACT

Construction Lien Act

	o certify the completion of a subcontract to E CONSTRUCTION LIMITED		ly of services or materials between and DINEEN CONSTRUCTION (2017) CORPORATION ,
DICOTT	(name of subcontractor)		, and the state of
dated th	e <u>6</u> day of <u>JULY</u>	, 20 _2	.0
The subcontract provided for the supply of the following services or materials:			
INSTALLATION OF 77 MICROPILES			
to the following improvement: PETERBOROUGH REGIONAL HEALTH CENTRE - MRI RENOVATION			
(short description of the improvement)			
of premises at 1 HOSPITAL DRIVE, PETERBOROUGH. ON, K9J 7C6			
(street address, or if there is none, the location of the premises)			
Date of certification AUGUST 17, 2020			
	50 minusi		
(payment certifier where there is one) (owner and contractor)			
Name of owner: PETERBOROUGII REGIONAL IIEALTII			
Address for service: 1 HOSPITAL DRIVE, PETERBOROUGH, ON, K9J 7C6			
Name of contractor: DINEEN CONSTRUCTION (2017) CORP			
Address for service: 70 DISCO ROAD, SUITE 300, TORONTO, ON, M9W 1L9			
Name of payment certifier (where applicable): PARKIN ARCHITECTS LIMITED			
Address: 1 VALLEYBROOK DRIVE, SUITE 500, TORONTO, ON, M3B 2S7			
(Use A or B, whichever is appropriate)			
✓	A. Identification of premises for preservatio	n of liens:	
	1 HOSPITAL DRIVE, PETERBOROU	JGH. ON,	, K9J 7C6
(where liens attach to premises, reference to lot and plan number or instrument registration number)			
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_ 	3. Office to which claim for lien must be give	en to pres	erve lien:
(where liens do not attach to premises)			ens do not attach to premises)
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