

Form 6

Construction Lien Act, 1983

**CERTIFICATE OF SUBSTANTIAL PERFORMANCE
OF THE CONTRACT UNDER SECTION 32 OF THE ACT**

City of Mississauga

*(County/District or Regional Municipality/City or Borough of
Municipality of Metropolitan Toronto in which premises are situate)*

100 Queensway W, Mississauga

(Street address and city, town, etc. or, if there is not street address, the location of the premises)

This is to certify that the contract for the following improvement:

Trillium Health Mississauga Hospital, Cath Lab #4 Turnkey Project

(short description of the improvement)

To the above premises was substantially performed on: August 13, 2020

(date substantially performed)

Date certificate signed: August 13, 2020



(Signature of payment certifier where there is one)



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

Name of owner: Trillium Health Partners, Mississauga Hospital

Address for service: 100 Queensway S., Mississauga, ON L5B 1B8

Name of contractor: Health Care Solutions Inc.

Address for service: 390 Bay Street, Suite 307 Sault Ste. Marie, Ontario P6A 1X2

Name of payment certifier: not applicable

(where applicable)

Address:

(Use A or B whichever is appropriate)

A. Identification of premises for preservation of liens:

Mississauga Hospital 100 Queensway S., Mississauga, ON L5B 1B8

(where liens attach to premises, reference to lot and plan or instrument registration number)

B. Office to which claim for lien and affidavit must be given to preserve lien:

(where liens do not attach to premises)