FORM 10 CERTIFICATE OF COMPLETION OF SUBCONTRACT UNDER SUBSECTION 33(1) OF THE ACT

Construction Act

This is to certify the completion of a subcontract for the supply of services or materials between PLATINUM STRUCTURES and LOYAL PORT INC. dated the 2^{MD} day of <u>FEBRUARY</u>, 20 21 The subcontract provided for the supply of the following services or materials: CONCRETE FORMWORK to the following improvement: ROYAL PORT CONDO (short description of the improvement) LAKEPORT KD. ST. CATHALINES, ON LZN 4P6 (street address, or if there is none, the location of the premises) of premises at 57 Date of certification _ IFIEB. 2/2/ (payment certifier where there is one) (owner and contractor) Name of owner: KOYAL PORT INC. Address for service: 20 CORPORATE PARK PLIVE. UNIT 14, ST. CATHALINES, ON, L25 3WZ ON L2S BILL Name of contractor: RANKIN CONSTRUCTION INC. Address for service: 20 CORPORATE PARK OKIVE. ST. CATHARINES. Name of payment certifier (where applicable): Address: (Use A or B, whichever is appropriate) A. Identification of premises for preservation of liens: N <u>AT LOT ZI, Con 1 (Rom PALHOUSIE 1-1) Chautham</u>. (if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises) PT.LOT ZI, Con 1 (Pour Anchastie L-G3C) ST.CATHACIMES 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)