Jennifer Thomson
Integricon Property Restoration & Construction Group
219 Westcreek Drive
Vaughan, ON L4I 9T7

Re: Markham Stouffville Hospital - Dialysis On-Call Room - ICU
Our Project File 1911098
Certificate of Substantial Performance

Dear Jennifer,

Please find enclosed a copy of the Certificate of Substantial Performance of the Contract (Form 9) dated February 8, 2021 in accordance with the Construction Act.

"The Contractor shall publish a copy of the Certificate of Substantial Performance once in a construction trade newspaper" which commences the lien period. Therefore, we require evidence of the publication together with your submittal for "release of holdback" which includes following:

1. Contractor's invoice – release of holdback request.
2. Statutory Declaration.
3. WSIB Clearance Certificate.
4. Photocopy of the Certificate of Publication in a construction trade newspaper.

It is recommended you seek legal counsel familiar with jurisprudence as it relates to the Construction Act.

Sincerely,
B+H Architects Corp.

Alkim Sonmezocak, B.Arch. OAA, MRAIC
AS|lb

Cc. Saud Aslam – Markham Stouffville Hospital
Darryl DaSilva – Integricon Property Restoration & Construction Group
Chen Chen – WSP Christina Wei – WSP
Chris McQuillan – B+H Architects Corp. Roberto Mercado – B+H Architects Corp.

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

Construction Act

City of Markham ,

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

381 Church Street, Markham, ON L3P 7P3 ,

(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:

Markham Stouffville Hospital - Dialysis On-Call Room- ICU

(short description of the improvement)

to the above premises was substantially performed on **December 18, 2020** .

(date substantially performed)

Date certificate signed: **February 8, 2021**

Alkim Sonmezocak, Senior Associate
(payment certifier where there is one)

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

Name of owner: **Markham Stouffville Hospital**

Address for service: **381 Church Street, Markham, ON L3P 7P3**

Name of contractor: **Integricon Property Restoration and Construction Group Inc.**

Address for service: **219 Westcreek Drive, Vaughan, ON L4l 9T7**

Name of payment certifier (where applicable): **B+H Architects Corp.**

Address: **320 Bay Street, Suite 200, Toronto, ON, Canada, M5H 4A6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

PLAN: CONC 9 PT LOT 12 PL 65R22401 PT 1

(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)