KSGS Engineering Corp

November 18, 2021

LocPave Construction Ltd.

17 Sproule St Schomberg ON L0G 1T0

Attn: Tony Colangelo

Dear Sir:

RE:

SUBSTANTIAL COMPLETION CERTIFICATE

CEDARLAND STATION PILOT PROJECT - PO#236654

TACTILE TILE REHABILITATION

KSGS PROJECT NO: 21010

Enclosed please find certificate of substantial performance for the above noted project. Please have this published as required by the Construction Lien Act. Please be advised that in order to reduce the holdback on this project, the following information must be provided to this office.

- (a) Proof that the above mentioned certificate has been published;
- (b) A statutory declaration regarding the account on this project,
- (c) And a certificate of clearance from the Worker's Compensation Board (WSIB).

If there are any questions, please do not hesitate to contact this office.

Yours very truly,

KSGS Engineering Corp.

Casey Kwan

Contract Administrator

Encl.

Form9

CC:

Metrolinx

Attn: Marlon Baker

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

Construction Act

| | Regional Municipality of York |
|--|--|
| (Count | y/District /Regional Municipality/City in which premises are situated) |
| | |
| | Cedarland Drive/Warden Avenue, Markham ON |
| (street address a | nd city, town, etc. or, if there is no street address, the location of the premises) |
| This is to certify that the co | ntract for the following improvement: |
| Cedarland Platform | tactile tile Rehabilitation PO# 236654 - Contract PT-2019-RPDT-908 |
| | (short description of the improvement) |
| to the above premises was | substantially performed on: 2021-10-22 |
| | (date substantially performed on) |
| Date Certificate signed: | November 18, 2021 |
| KSGS Engineering Corp. | |
| (payment certifier where there is one) | (owner and contractor, where there is no payment certifier) |
| | Casey (War |
| Name of Owner: | Metrolinx |
| Address for service: | 277 Front Street West, Toronto ON M5V 2X4 |
| | |
| Name of Contractor: | Loc-Pave Construction Ltd. |
| Address for service: | 17 Sproule St. Schomberg ON L0G 1T0 |
| | |
| Name of payment certifier(v | where applicable |
| Addres 470 Hensall Circle, | Unit 300 |
| (Use A or B, whichever is ap | ргорпаte) |
| | |
| ☐ A. Identification of p | premises for preservation of liens: |
| (if a liens attaches to the pro- | emises,a legal description of the premises,including all property identifier numbers and addresses for the premises) |
| a a | |
| □ B. Office to which cl | aim for lien and must be given to preserve lien: |
| Metrolinx - 277 Front Street West, Toronto ON M5V 2X4 | |
| (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) | |