

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

*Construction Act*

**City of Mississauga**

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

**1290 Central Parkway West, Suite 7--, 705 and 710, Mississauga, ON**

(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:

**Upgrade to interior finishes**

(short description of the improvement)

to the above premises was substantially performed on **May 15, 2024**

(date substantially performed)

Date certificate signed: **May 23, 2024**

  
\_\_\_\_\_ (payment certifier, where there is one)

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

Name of owner: **Spectrum Health Care LP**

Address for service: **2 Bloor Street East, Suite 2101, Toronto, ON M5W 1A8**

Name of contractor: **Greenferd Construction Inc.**

Address for service: **70 East Beaver Creek Road, Unit # 42, Richmond Hill, ON L4B 3B2**

Name of payment certifier (where applicable): **Capex Management**

Address: **215 Shaftsbury Avenue, Richmond Hill, ON L4C 0E8**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(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:

**Spectrum Health Care, LP - 2 Bloor Street West, Suite 2101, Toronto, ON M5W 1A8**

(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)