# 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

**Amico Design Build** and **Timberland Homes** ,
(name of subcontractor)

dated the **21** day of **July** , 20 **26** .

The subcontract provided for the supply of the following services or materials:

**Supply and install of manufactured CFMF wall system with factory installed windows by A-Linx Building Technologies, ComSlab flooring system, structural steel including OWSJ roof system and install only of precast balconies, stairs and landings.**

to the following improvement:

**6-Story development (1st floor commercial and floors 2-6 residential)**
(short description of the improvement)

of premises at **1800 Wyoming Ave.** .
(street address, or if there is none, the location of the premises)

Date of certification **July 31, 2026**

(payment certifier where there is one)

(owner and contractor)

Name of owner: **Timberland Homes**

Address for service: **1630 Sprucewood Avenue, LaSalle ON, N9J 1X6**

Name of contractor: **Amico Design Build**

Address for service: **2199 Blackacre Drive, Unit 100, Oldcastle ON, N0R 1L0**

Name of payment certifier (where applicable): _____

Address: _____

(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:

(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)