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

Construction Act

City of Brockville
(County/District/Regional Municipality/Town/City in which premises are situated)
75 Charles Street, Brockville, ON, K6V 1S8
(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:
Brockville General Hospital - Addition MRI Building
(short description of the improvement)
to the above premises was substantially performed on October 31, 2024 (date substantially performed)
Date certificate signed: November 19, 2024
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: Brockville General Hospital
Address for service: 75 Charles Street, Brockville, ON, K6V 1S8
Name of contractor: Biomedshield Inc SDI Canada
Address for service: 7497, autoroute Transcanadienne, Saint-Laurent, QC, H4T 1T3
Name of payment certifier (where applicable):
Address:
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens: PLAN 67 BLK 16 LOTS 9 TO 16 21 TO 28 31 TO 36 AND A PT LOTS 7 8 17 TO 20 29 30 BLK 18 LOTS 1 TO 34 36 42 TO 49 PT LOTS 35 AND 37 PT CHARLES ST PT EMMA ST RP 28R14867 PART 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, a concise description of the premises, including addresses,

and the name and address of the person or body to whom the claim for lien must be given)