

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

Tillsonburg

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

167 Rolph Street, Tillsonburg, 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:

Tillsonburg District Memorial Hospital Distribution Upgrade

(short description of the improvement)

to the above premises was substantially performed on **14 February 2025**

(date substantially performed)

Date certificate signed: **14 February 2025**



(payment certifier where there is one)

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

Name of owner: **Tillsonburg District Memorial Hospital**

Address for service: **167 Rolph Street, Tillsonburg, ON**

Name of contractor: **AIM Industrial Inc.**

Address for service: **29 Cherry Blossom Road CAMBRIDGE ON N3H 4R7**

Name of payment certifier (where applicable): **Chorley + Bisset Ltd.**

Address: **800 - 201 Queens Ave London ON N6A 1J1**

(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:

Tillsonburg District Memorial Hospital 167 Rolph Street, Tillsonburg, ON

(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)