

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

Construction Act

City of Kitchener

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

835 King Street West, Kitchener ON N2G 1G3

(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:

Grand River Regional Cancer Center Renovations to LINAC Room J332 (Treatment Room #4)

(short description of the improvement)

to the above premises was substantially performed on **February 21, 2025**

(date substantially performed)

Date certificate signed: **February 21, 2025**



(payment certifier where there is one)

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

Name of owner: **Grand River Hospital Corporation**

Address for service: **835 King Street West, Kitchener ON N2G 1G3**

1788049 Ontario Inc. o/a Agile

Name of contractor: **Medical Solutions**

Address for service: **117 Dundas Street East, Thamesford ON N0M 2M0**

Name of payment certifier (where applicable): **BTY Group**

Address: **127 John St, Toronto ON, M5V 2E2**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Grand River Hospital, 835 King Street West Kitchener ON N2G 1G3

(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:

1788049 Ontario Inc. o/a Agile Medical Solutions, 117 Dundas Street East, Thamesford ON N0M 2M0

(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)