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

Construction Act

County of Hastings, City of Belleville	,
(County/District/Regional Municipa	lity/Town/City in which premises are situated)
265 Dundas Street East, Belleville Ontario. K8	N 5A9 ,
(street address and city, town, etc., or, if th	ere is no street address, the location of the premises)
This is to certify that the contract for the following impro-	vement:
QH - BGH P2 Lab Expansion	
(short descri	ption of the improvement)
to the above premises was substantially performed on _	2024-07-31
	(date substantially performed)
Date certificate signed: 2024-08-20	
Relat Mallon	-
(payment certifier where there is one - signature required)	(owner and contractor, where there is no payment certifier - signatures required)
Name of owner: Quinte Health Care	
Address for service: 265 Dundas Street East, Bel	leville Ontario. K8N 5A9
Name of contractor: K. Knudsen Construction Lin	nited
Address for service: 640 Dundas Street East, Bel	lleville, ON K8N 1G7
Name of payment certifier (where applicable):	
Address: 27 Princess Street, Suite 400 Kingstor	
(Use A or B, whichever is appropriate)	
 A. Identification of premises for preservation of See Attached 	liens:
	ne premises, a legal description of the premises, lentifier numbers and addresses for the premises)
B. Office to which claim for lien must be given t	o 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)