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

Construction Act

City of Burlington						
(County/District/Regional Municipality/Town/City in which premises are situated)						
500 Guelph Line, Suite 202, Burlington,ON L7R 3M4						
(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:						
Dr. Julie Jongepier Optometry						
(short description of the improvement)						
to the above premises was substantially performed on				March 18	3, 2025	
				(date substanti	ally performed)	
Date certificate signed: March 18, 2025					Signed by:	DocuSigned by:
					Julie Jongepier	Matthew Burri
					3F8D30D9004643D	27EA5AB44DAC49E
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)						
Name of owner: Dr. Julie Jongepier Professional Corporation						
Address for service: 469 Guelph Line, Burlington, ON				'R 3L8		
Name of contractor:			Ingenuity Development Inc.			
Address for service:			2275 Upper Middle Road East, Suite 601 Oakville, ON L6H 0C3			
Name of payment certifier (where applicable):						
Address:						
(Use A or B, whichever is appropriate)						
🔀 A.	A. Identification of premises for preservation of liens:					
	500 Guelph Line, Suite 202, Burlington,ON L7R 3M4					
(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)						
П В.	5. O	ffice to v	vhich 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)