

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

Construction Act

Palmerston

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

500 WHITES ROAD, PALMERSTON, ON N0G 2P0

(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:

NWHC PDH Service Upgrade

(short description of the improvement)

to the above premises was substantially performed on **31 March 2025**

(date substantially performed)

Date certificate signed: **31 March 2025**



(payment certifier where there is one)

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

Name of owner: **NORTH WELLINGTON HEALTH CARE**

Address for service: **500 WHITES ROAD, PALMERSTON, ON N0G 2P0**

Name of contractor: **CULLITON INC.**

473 DOURO ST.

Address for service: **STRATFORD ON N5A 6S9**

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:

NORTH WELLINGTON HEALTH CARE 500 WHITES ROAD, PALMERSTON, ON N0G 2P0

(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)