

## CERTIFICATE OF SUBSTANTIAL PERFORMANCE

### OF THE CONTRACT UNDER SECTION 32 OF THE ACT *Construction Act*

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

City of Hamilton

(Street Address and City, Town, etc., or, if there is no street address, the location of the premises)

1200 Main St West, Hamilton, Ontario

This is to certify that the Contract for the following improvement:

Hamilton Health Sciences, McMaster University Medical Centre, Interventional Radiology Room

(short description of the improvement)

to the above premises was substantially performed on

March 19, 2025

(date substantially performed)

WF Group Inc., operating as WalterFedy

Date Certificate Signed

April 03, 2025



(payment certifier where there is one)

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

Name of Owner

Hamilton Health Sciences, McMaster University Medical Centre

Address for Service

1200 Main St W, Hamilton, ON L8N 3Z5

Name of Contractor

Chart Construction Management Inc.

Address for Service

7681 Hwy 27, 11, ON L4L 4M5

Name of Payment Certifier

WF Group Inc., operating as WalterFedy

(where applicable)

Address

20 Hughson Street South, Ste. 1000, Hamilton, ON, L8N 2A1

(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 and affidavit must be given to preserve lien:

1200 Main St W, Hamilton, ON L8N 3Z5

(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)