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

Construction Act

Grimsby, Ontrio	
(County/District/Regional Municipality/Town/C	City in which premises are situated)
169 Main Street East, Grimsby, ON	
(street address and city, town, etc., or, if there is no s	treet address, the location of the premises)
This is to certify that the contract for the following improvement:	
Construction activities to build one Chimney Swift compensation structure within the West Lincoln Memorial Hospital (short description of the improvement)	
Date certificate signed: April 3,2025	
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of owner: Stantec Consulting Ltd. Address for service: 125 Commerce Valley Drive,	L3T 7W4. Markham Ontario
Name of contractor: Ritestart Limited	
Address for service: 4475 North Service Rd, Suit	e 500, Burlington, ON L7L 4X7
Name of payment certifier (where applicable): Stantec Con	sulting Ltd.
Address: 125 Commerce Valley Drive, L3T 7W4.	Markham Ontario
(Use A or B, whichever is appropriate)	
A. Identification of premises for preservation of liens:	
169 Main St E, Grimsby, ON L3	M 1P2
	s, a legal description of the premises, mbers and addresses for the premises)
B. Office to which claim for lien must be given to preserv	ve 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)