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

Construction Act

BELLEVILLE, CENTRAL ONTARIO, CANADA
(County/District/Regional Municipality/Town/City in which premises are situated)
24 ADRIAN STREET, BELLEVILLE, ONTARIO (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:
C.I.P. FORMWORK, SUPPLY & INSTALL ICF, 160 BED LONG TERM CARE FACLITY, 24 ADRIAN STREET, BELLEVILLE, ON (short description of the improvement)
to the above premises was substantially performed on March 20, 2025
(date substantially performed)
Date certificate signed: My 7 2025
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)
Name of owner: NEIGHBOURHOOD BETTER LIVING BELLEVILLE HOLDINGS INC.
Address for service: 45 RODINEA ROAD, SUITE B, MAPLE, ON L6A 1R3
Name of contractor: _ELITE BUILDING GROUP INC.
Address for service: 159 INDUSTRIAL ROAD, UNIT 2, SUITE 202, BOLTON, ON, L7E 1K5
Name of payment certifier (where applicable): Ascend Construction Inc.
Address: 45 Rodinea Road, Sulte B, Maple, Ontario L6A-1R3
(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;
(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)