

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

Construction Act

Town of Huntsville, District of Muskoka

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

100 Frank Miller Drive, Huntsville, Ontario, P1H 1H8

(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:

Addition to existing Hospice building.

(short description of the improvement)

to the above premises was substantially performed on MAY 30, 2025

(date substantially performed)

Date certificate signed: May 30, 2025

(payment certifier where there is one)

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

Name of owner: Algonquin Grace Hospice Huntsville

Address for service: 100 Frank Miller Drive, Huntsville, Ontario, P1H 1H8

Name of contractor: 2481438 Ontario Inc. O/A BestLife
Homes

Address for service: 721 Fairy Lake Circle, Huntsville, Ontario, P1H 1B3

Name of payment certifier (where applicable): _____

Address: _____

(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:

721 Fairy Lake Circle, Huntsville, Ontario, P1H 1B3

(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)