

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

Kitchener, ON

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

1601 River Rd. Kitchener, ON

(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:

Tenant fit up for Naturopathic clinic

(short description of the improvement)

to the above premises was substantially performed on April 30, 2021

(date substantially performed)

Date certificate signed: May 7, 2021



(payment certifier where there is one - signature required)



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

Name of owner: Sage Natural Health Inc.

Address for service: 1601 River Rd. E Kitchener, ON

Name of contractor: Woodhouse Group Inc.

Address for service: 2-207 Madison Ave. S Kitchener, ON

Name of payment certifier (where applicable): N/A

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

1601 River Rd. E. Kitchener, ON

(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)