

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

Construction Act

Oxford County

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

Alexandra Hospital, 29 Noxon Street, Ingersoll

(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:

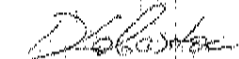
Parking lot expansion, including storm sewer installation, site drainage improvements and electrical works

(short description of the improvement)

to the above premises was substantially performed on **September 17, 2021**

(date substantially performed)

Date certificate signed: **September 17, 2021**



(payment certifier where there is one)

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

Name of owner: **Alexandra Hospital Ingersoll**

Address for service: **29 Noxon Street, Ingersoll, ON N5C 1B8**
598 424 Ontario Ltd o/a R.

Name of contractor: **Russell Construction**

Address for service: **P.O. Box 111 Lambeth Stn., London, ON N6P 1P9**

Name of payment certifier (where applicable): **Development Engineering**
(London) Limited

Address: **41 Adelaide Street N, Unit 71, London ON N6B 3P4**

(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:

29 Noxon Street, Ingersoll, ON N5C 1B8

(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)