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

Construction Act

County of Haliburton / Township of Minde	n Hills
(County/District/Regional M	lunicipality/Town/City in which premises are situated)
4575 Deep Bay Road, Minden, 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:
Performance Contract dated March 6, 202	20 (JCCLP contract 0PZS-0006)
	t description of the improvement)
to the above premises was substantially performe	_{od on} March 4, 2022
to the above promises was substantially performe	(date substantially performed)
Date certificate signed: 3/29/2022	X Lionel Domerchie Allower L
	kelly kalinski kelly kalinski Keel
(payment certifier where there is one - signature require	
Name of owner: Haliburton Highlands Healt	h Services
Address for service: 7199 Gelert Rd, Dysart	et al, Ontario
Name of contractor: Johnson Controls Canad	da LP
Address for service: 56 Leek Cres, Richmone	d Hill ON L4B 1H1
Name of payment certifier (where applicable):	
Address:	
(Use A or B, whichever is appropriate)	
 A. Identification of premises for preservat 	tion of liens:
7199 Gelert Rd, Dysart et al, On	tario
· · · · · · · · · · · · · · · · · · ·	nes to the premises, a legal description of the premises, perty identifier numbers and addresses for the premises)
B. Office to which claim for lien must be of	given to preserve lien:
(if the lien does not attach to the premises, t	he name and address of the person or body to whom the claim for lien must be given)