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

Construction Act

| Welland   |
|---|
| (County/District/Regional Municipality/Town/City in which premises are situated)  |
| 100 Niagara College Blvd, Welland, ON L3C 7L3   |
| (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:   |
| Applied Health Institute Renovations 2022-18  |
| (short description of the improvement)  |
| to the above premises was substantially performed on <b>30 AUG 2022</b> .   |
| (date substantially performed)  |
| Date certificate signed: 01 SEPT 2022   |
|   |
|   |
| (payment certifier where there is one) (owner and contractor, where there is no payment certifier)  |
|   |
| Name of owner: Niagara College  |
| Address for service: 100 Niagara College Blvd, Welland, ON L3C 7L3  |
| Name of contractor: CONFRA Corporation Inc.   |
| Address for service: 69 Connie Crescent, Concord, ON L4K 1L3  |
| Name of payment certifier (where applicable): Nick Yamich, Quartek Group Inc.   |
| Address: 89-91 St. Paul Street, Suite 100, St. Catharines, ON   |
|   |
| (Use A or B, whichever is appropriate)  |
| A. Identification of premises for preservation of liens:  |
| 100 Niagara College Blvd, Welland, ON L3C 7L3   |
| (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)