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

Construction Act

| Peterborough, Ontario  |
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| (County/District/Regional Municipality/Town/City in which premises are situated)   |
| 1 Hospital Drive, Peterborough, Ontario, K9J 7C6   |
| (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:  |
| Peterborough Regional Health Centre - Mental Health and Eating Disorder Clinic Renovation  |
| (short description of the improvement)   |
| to the above premises was substantially performed on <u>September 30, 2022</u> .<br>(date substantially performed)   |
| Date certificate signed: October 5, 2022<br>Laura Driscoll<br>Peterborough Regional Health Centre<br>Benny Yu<br>Dineen Construction   |
| Peterborough Regional Health Centre     Diffection Construction       (payment certifier where there is one)     (owner and contractor, where there is no payment certifier)   |
| Name of owner: Peterborough Regional Health Centre         Address for service: 1 Hospital Drive, Peterborough, Ontario, K9J 7C6         Name of contractor: Dincen Construction (2017) Corporation         Address for service: 70 Disco Road, Suite 300, Toronto, Ontario, M9W 1L9                 |
| Name of payment certifier (where applicable):  |
| Address:   |
| (Use A or B, whichever is appropriate)   |
| <ul> <li>A. Identification of premises for preservation of liens:<br/><u>1 Hospital Drive, Peterborough, Ontario, K9J 7C6</u><br/>(if a lien attaches to the premises, a legal description of the premises,<br/>including all property identifier numbers and addresses for the premises)</li> </ul> |
| 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)   |