

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

Municipality of Mississippi Mills

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

333 Country Street, Almonte, Ontario, K0A 1A0

(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:

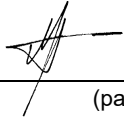
Omni Healthcare - Almonte Country Haven Long Term Care Home Redevelopment - Phase 1

(short description of the improvement)

to the above premises was substantially performed on **January 31, 2022**

(date substantially performed)

Date certificate signed: **March 31, 2023**



Geordon Green, Partner, G architects Inc.

(payment certifier where there is one)

**0760444 B.C. Ltd., as General
Partner on behalf of Omni**

Name of owner: **Healthcare Limited Partnership**

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

Address for service: **2020 Fisher Drive, Suite 1, Peterborough, ON K9J 6X6**

Name of contractor: **M. Sullivan & Son Ltd.**

Address for service: **236 Madawaska Blvd., Suite 100, Arnprior, Ontario, K7S 0A3**

Geordon Green - G architects

Name of payment certifier (where applicable): **Inc.**

Address: **310 Spadina Ave., Suite 303, Toronto ON M5T 2E8**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

PIN 5294-0069(L T)

(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)