

## CERTIFICATE OF SUBSTANTIAL PERFORMANCE

### OF THE CONTRACT UNDER SECTION 32 OF THE ACT *Construction Act*

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

City of Hamilton

(Street Address and City, Town, etc., or, if there is no street address, the location of the premises)

1200 Main Street West, Hamilton, ON, L8N 1H4

This is to certify that the Contract for the following improvement:

McMaster University Medical Centre Pharmacy Phase 2

(short description of the improvement)

to the above premises was substantially performed on

March 01, 2023

(date substantially performed)

WALTERFEDY

Date Certificate Signed

April 13, 2023

(payment certifier where there is one)

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

Name of Owner

Hamilton Health Sciences

Address for Service

100 King Street West, Hamilton, ON, L8P 1A2

Name of Contractor

Besseling Mechanical

Address for Service

79 Covington Street, Hamilton, ON, L8E 2Y4

Name of Payment Certifier

WalterFedy

(where applicable)

Address

675 Queen Street South, Suite 111, Kitchener, ON N2M 1A1

(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 and affidavit must be given to preserve lien:

100 King Street West, Hamilton, ON, L8P 1A2

(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)