

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

*Construction Act*

St Jacobs

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

10 Parkside Drive, St Jacobs

(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:

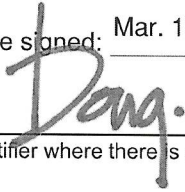
HVAC and Parking Lot Capital Project (201943)

(short description of the improvement)

to the above premises was substantially performed on May 17/23

(date substantially performed)

Date certificate signed: Mar. 17/23



(payment certifier where there is one - signature required)

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

Name of owner: Woolwich Community Health Centre (8029)

Address for service: 10 Parkside Drive, St Jacobs

Name of contractor: K-W Cornerstone Paving Ltd.

Address for service: 208 McIntyre Drive Kitchener ON

Name of payment certifier (where applicable): NEO Architecture Inc

Address: 270 King Street East, Kitchener ON

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

10 Parkside Drive, St Jacobs

(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:

AS PER PART A

(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)