

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

City of Sarnia		
	(County/District or Regional Munic	cipality in which premises are situate)
89 Norman Street, Sarn	nia, Ontario N7T 6S3	
(Street add	ress and city, town, etc., or, if there	is no street address, the location of the premises)
This is to cortify that the contract	t for the following improvement	ant.
This is to certify that the contrac	• ,	erit.
Renovations to Bio-Medi		
		of the improvement)
to the above premises was substantially performed on		(data subatantially north result
		(date substantially performed)
Date certificate signed: September 11, 2023		ROA studio inc.
		Name of Pályment Certifier
		Mara Barrey
		Signature of Payment Certifier
		Signature of Faymont Contine.
Name of owner	Bluewater Health	
rame or owner		
Address for service	89 Norman Street, Sarnia, Ontario N7T 6S3	
Name of contractor	Jayden Construction	
Name of contractor		
A. I. I	200 Junction Avenue, Chatham, Ontario N7M 1C7	
Address for service		
Name of payment certifier	ROA studio inc.	
		applicable)
Address	67 King Street West, Chatham, Ontario N7M 1C7	
A Identification of premise	s for preservation of liens:	
A Identification of premise	3 for preservation or liens.	
		PART 1 RP 25R7624; PARTS 3 4 7 AND 8 RP 25R8672; PARTS 1 TO 5
	al description of the premises, inclu	iding all property identifier numbers and addresses for the premises)
B Office to which claim for lien must be given to preserve lien:		

(If a lien does not attach to a premises, the nam and address of the person or body to whom the claim for lien must be given)

