

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

Wellington County

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

630 Dublin Street, Mount Forest, ON

(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:

Louise Marshall Hospital - Roof remedial work - Blocks 1.1, 1.2, 2.1, 3.1 and 5.1

(short description of the improvement)

to the above premises was substantially performed on May 16, 2023

(date substantially performed)

Date certificate signed: October 23, 2023

Englobe Corp.

(payment certifier where there is one)

Sylvain Ancil, P. Eng.

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

Name of owner: Wellington Health Care Alliance

Address for service: 235 Union Street, Fergus, ON N1M 1W3

Name of contractor: Semple Gooder Roofing Corporation

Address for service: 1365 Martin Grove Rd., Toronto, ON M9W 4X7

Name of payment certifier (where applicable): Englobe Corp.

Address: 1821 Albion Road, Unit 7, Toronto, ON M9W 5W8

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

31-02111080.000-0300 / 31-02111080.000-0500

(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)