

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

Smiths Falls, ON

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

60 Cornelia Street West, Smith Falls, ON K7A 2H9

(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:

MRI Design-Build Project

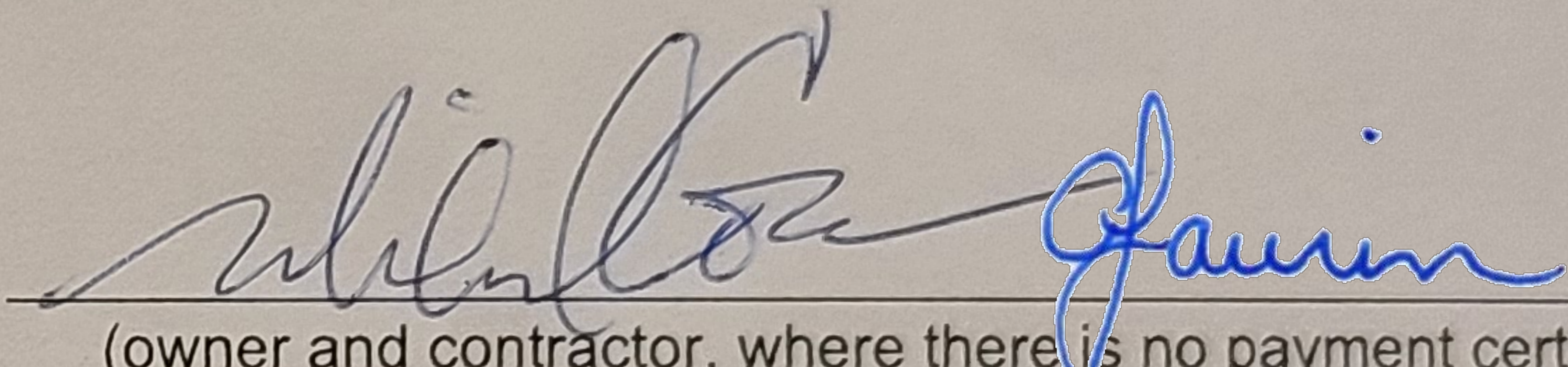
(short description of the improvement)

to the above premises was substantially performed on November 21, 2023

(date substantially performed)

Date certificate signed: Nov 27/2023

(payment certifier where there is one - signature required)


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

Name of owner: Perth & Smiths Falls District Hospital - Smiths Falls Site

Address for service: 60 Cornelia Street West, Smith Falls, ON K7A 2H9

Name of contractor: Health Care Solutions Inc.

Address for service: 307-390 Bay Street, Sault Ste. Marie, ON P6A 1X2

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Perth & Smiths Falls District Hospital, 60 Cornelia Street West, Smith Falls, ON K7A 2H9

(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)

