

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

City of Mississauga

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

2000 Argentia Rd, PL5, Suite 400 Mississauga, ON L5N 1W1

(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:

New 5000 sqft Office Renovation

(short description of the improvement)

to the above premises was substantially performed on **December 1st, 2023**

(date substantially performed)

Date certificate signed: **December 6th, 2023**

DocuSigned by:
Lisa Mason

(payment certifier where there is one)

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

Name of owner: **HealthHub Patient Engagement Solutions Inc.**

Address for service: **2000 Argentia Rd, PL5, Suite 400 Mississauga, ON L5N 1W1**

Name of contractor: **Black-Hart Construction Inc.**

Address for service: **17-2526 Speers Rd, Oakville, ON L6L 5M2**

Name of payment certifier (where applicable): **Lisa Mason**

Address: **2000 Argentia Rd, PL5, Suite 400 Mississauga, ON L5N 1W1**

(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 must be given to preserve lien:

2000 Argentia Rd, PL5, Suite 400 Mississauga, ON L5N 1W1

(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)