

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

Cornwall Community Hospital

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

840 McConnell Ave., Cornwall, Ontario K6H 5S5

(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:

Level VI - South Roof.

(short description of the improvement)

to the above premises was substantially performed on November 23, 2023

(date substantially performed)

Date certificate signed: January 30, 2024

R. Bruce MacDonald

(payment certifier where there is one)

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

Name of owner: Kathy Bisson, Cornwall Community Hospital

Address for service: 840 McConnell Ave. Cornwall, Ontario K6H 5S5

Name of contractor: FLYNN

Address for service: 1655 Comstock Road, Ottawa, Ontario K1B 4K2

Name of payment certifier (where applicable): Garland Canada Inc.

Address: 209 Carrier Road, Toronto, Ontario M9W 5Y8

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

840 McConnell Ave. Cornwall ON K6H 5S5

(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)