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

Construction Act

Township of Uxbridge, located within the Regional Municipality of Du	ırham ,
(County/District/Regional Municipality/Town/City in which premises are situated)	
4 Campbell Drive, Uxbridge, ON, L9P 1R5	,
(street address and city, town, etc., or, if the	re is no street address, the location of the premises)
This is to certify that the contract for the following improve	ement:
Interior fit-out for Oak Valley Health Uxbridge Hospital Foundation Office	
(short description of the improvement)	
to the above premises was substantially performed on	March 13, 2024 .
	(date substantially performed)
Date certificate signed: March 13, 2024	
- Martin	
(payment certifier where there is one)	(owner and contractor, where there is no payment certifier)
Name of owner: Oak Valley Health System	
Address for service:381 Church Street, Markham, ON, L3P 7	P3
Name of contractor: Integricon Construction Inc.	
Address for service: 219 Westcreek Drive, Vaughan, ON, L4L 9T7	
Name of payment certifier (where applicable):Arun Rajendran	
Address: 613-1238 Dundas St.E., Toronto, ON, M4M 0C6	
(Use A or B, whichever is appropriate)	
\boxtimes A. Identification of premises for preservation of li	ens:
PLAN 83 PT BLK QQ RR TT UU;VV DD PT RD ALLOW (4 Campbell Drive, Uxbridge, ON, L9P 1R5)	
(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)