

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

Construction Act

City of Burlington

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

500 Guelph Line, 2nd Floor, Burlington, ON L7R 3M4

(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:

Fielding Dental Healthcare - Burlington Office

(short description of the improvement)

to the above premises was substantially performed on April 18, 2024
(date substantially performed)

Date certificate signed: April 18, 2024

(payment certifier where there is one)

DocuSigned by:
Linda Fielding

D07ED65BB1ED4DB

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

DocuSigned by:
Matthew Bucci

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Name of owner: Fielding Dentistry Professional Corporation

Address for service: 465 Guelph Line, Burlington, ON L7R 3L8

Name of contractor: Ingenuity Development Inc.

Address for service: 2275 Upper Middle Road East, Suite 601, Oakville, ON

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

500 Guelph Line, 2nd Floor, Burlington, ON L7R 3M4

(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)