

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

*Construction Act*

City of Hamilton

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

Hamilton General Hospital - 237 Barton Street East, Hamilton, ON L8L 2X2

(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:

RPS1053-C2-4 - Hamilton General Hospital - Medical Air Upgrades

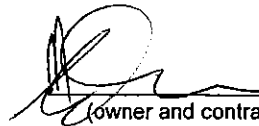
(short description of the improvement)

to the above premises was substantially performed on 13-AUG-2020

(date substantially performed)

Date certificate signed: 29-SEP-2020

\_\_\_\_\_  
(payment certifier where there is one)

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

Name of owner: Hamilton Health Sciences

Address for service: P.O. Box 2000, Hamilton, ON L8N 3Z5

Name of contractor: Black & McDonald Limited

Address for service: 328 Green Road, Stoney Creek, ON, L8E 2B2

Name of payment certifier (where applicable): N/A

Address: N/A

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Hamilton General Hospital - 237 Barton Street East, Hamilton, ON L8L 2X2

(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, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)