Form 6

Construction Lien Act

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

| City o | f Niagara Fa ll s | | | |
|------------------------------------|--|--|---|---|
| | (Count | | Borough of Municipality of Metropolitan Toronto ses are situate) | • |
| 5546 | Portage Road, Niagara F | alls. ON L2E 6X2 | | 1 |
| | | | s no street address, the location of the premises) | |
| | | ract for the following improveme | | 1 |
| Greate | er Niagara General Hosp | ital Endoscopy Air Handling Unit Re | | |
| | | , , | of the improvement) | |
| to the | above premises was s | ubstantially performed on | h 23, 2021 (date substantially performed) | |
| Date c | ertificate signed: | 7, 2021 | Tom Keszthelyi | |
| Date | ortinoato oigrioa | | (payment certifier where there is one) | |
| | | | | |
| | | | | |
| | | Nicean Health Custom | (owner and contractor, where there is no payment certifier) | 1 |
| Name of owner | | Niagara Health System | | |
| Address for service | | 5546 Portage Road, Niagara | Falls, ON L2E 6X2 | |
| Name of contractor | | Merit Contractors Niagara | | |
| Address for service | | 235 Maritndale Road, Suite 3 | St. Catharines, ON L2W 1A5 | |
| Name of payment certifier Address | | Hallex Engineering Ltd. | | |
| | | (where a | pplicable) | |
| | | 4999 Victoria Avenue, Niagar | a Falls, ON L2E 4C9 | |
| (Use A | A or B whichever is app | | | |
| A. | identification of prem | nises for preservation of liens: | | |
| | (where liens attach to pre | mises, reference to lot and plan or instru | ment registration number) | |
| B. | Office to which claim for lien and affidavit must be given to preserve lien: | | | |
| | 5546 Portage Road, N | Niagara Falls, ON L2E 6X2 | | |
| | (where liens do not attach to premises) | | R.R.O. 1990, Reg. 175, Form 6 | |