

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

Construction Act

CITY OF KITCHENER

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

911 QUEEN'S BLVD, KITCHENER, ONTARIO, CANADA, N2M 1B2

(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:

ST MARY'S GENERAL HOSPITAL - NORTH BUILDING RESTORATION - PHASE 1

(short description of the improvement)

to the above premises was substantially performed on **Dec 11, 2020**

(date substantially performed)

Date certificate signed: **Dec 16, 2020**

(payment certifier where there is one)

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

Name of owner: **ST MARY'S GENERAL HOSPITAL**

Address for service: **911 QUEEN'S BLVD, KITCHENER, ON, N2M 1B2**

Name of contractor: **KIB RESTORATION INC.**

Address for service: **5320 BRADCO BLVD. | MISSISSAUGA, ONTARIO, L4W 1G7**

Name of payment certifier (where applicable): **ENTUITIVE CORPORATION**

Address: **200 UNIVERSITY AVE, 7TH FLOOR, TORONTO, ON, M5H 3C6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

911 QUEEN'S BLVD, KITCHENER, ONTARIO, CANADA, N2M 1B2

(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)