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

City of Windsor

(County/District or Regional Municipality in which premises are situate)

1453 Prince RoadWindsor, Ontario, N9C 3Z4

(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:

Outpatient Rehab – Specialized Neurological & Complex Rehab Clinic

(short description of the improvement)

to the above premises was substantially performed on October 31, 2025

(date substantially performed)

Date certificate signed: October 31, 2025

ROA Studio Inc (Joseph Ouellette)

Name of Payment Certifier

Signature of Payment Certifier

Name of owner: Hôtel-Dieu Grace Healthcare

Address for service: 1453 Prince RoadWindsor, Ontario, N9C 3Z4

Name of contractor: Alliance General Contracting of Windsor Inc.

Address for service: 6360 Hawthorne Drive, Unit #3Windsor, ON, N8T 1J9

Name of payment certifier: ROA Studio Inc

(where applicable)

Address: 67 King Street West, Chatham, On N7M 1C7

■ A Identification of premises for preservation of liens:

1453 Prince Rd.Windsor, ON N9C 3Z4

(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 a lien does not attach to a premises, the nam and address of the person or body to whom the claim for lien must be given)