

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

Construction Act

HAMILTON

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

Hamilton General Hospital - 237 Barton Street East, Hamilton, ON

(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:

Hamilton General Hospital - New Generator No. 03

(short description of the improvement)

to the above premises was substantially performed on Dec 1, 2025

(date substantially performed)

Date certificate signed:

Keith Seguin, P. Eng.

Digitally signed by Keith Seguin, P. Eng.
DN: C=CA, E=kseguin@sei-ee.com, O=Seguin
Engineering Inc., CN="Keith Seguin, P. Eng."
Reason: I am approving this document
Date: 2025.12.08.06:10:05-05'00'

(payment certifier where there is one - signature required)

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

Name of owner: Hamilton Health Sciences Corporation

Address for service: 237 Barton Street East, Hamilton, ON L8L 2X2

Name of contractor: Ira McDonald Construction Ltd.

Address for service: 67 Frid Street Unit 16, Hamilton, Ontario L8P 4M3

Name of payment certifier (where applicable): Seguin Engineering Inc.

Address: 12 Argyle Street N, Caledonia, Ontario N3W 1B6

(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, the name and address of the person or body to whom the claim for lien must be given)