

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

**City of Barrie**

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

**480 Huronia Rd Suite 101, Barrie, ON L4N 6M2**

(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:

**Georgian Radiology Interior Renovation**


(short description of the improvement)

to the above premises was substantially performed on **August 10, 2020**

(date substantially performed)

Date certificate signed: **August 17, 2020**

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

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

Name of owner: **Georgian Imaging Incorporated**

Address for service: **11 Lakeside Terrace, Suite LL01, Barrie ON L4M 0H9**

Name of contractor: **Les Bertram & Sons (1985) Ltd.**

Address for service: **13 Bertram Industrial Parkway, Midhurst, ON L9X 0L9**

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**Georgian Imaging Incorporated, 480 Huronia Rd., Suite 101, Barrie, ON L4N 6M2**

(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)

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**Town of Innisfil**

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

**Unit 1300, 7325 Yonge St. Innisfil, ON L9S 2M6**

(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:

**Georgian Radiology Innisfil Health Hub - Nuclear Medicine**

(short description of the improvement)

to the above premises was substantially performed on **September 15, 2020**

(date substantially performed)

Date certificate signed: **September 15, 2020**

(payment certifier where there is one)

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

Name of owner: **Georgian Imaging Incorporated**

Address for service: **11 Lakeside Terrace, Suite LL01, Barrie, ON L4M 0H9**

Name of contractor: **Les Bertram & Sons (1985) Ltd.**

Address for service: **13 Bertram Industrial Parkway, Midhurst, ON L9X 0L9**

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**Georgian Imaging Incorporated, Unit 1300, 7325 Yonge St. Innisfil, ON L9S 2M6**

(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)