

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

Construction Act

Town Of Grimsby

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

169 Main Street East, Grimsby, ON L3M 5J5

(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:

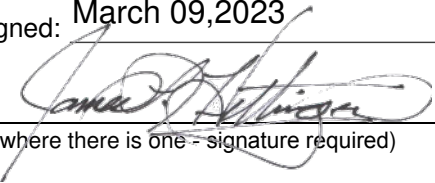
Project No. 21117 West Lincoln Memorial Hospital Nutrition Renovation Project

(short description of the improvement)

to the above premises was substantially performed on September 14, 2022

(date substantially performed)

Date certificate signed: March 09, 2023



(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 (HHSC) West Lincoln Memorial Hospital

Address for service: 169 Main Street East; Grimsby, ON L3M 5J5

Name of contractor: Ira McDonald Construction Ltd.

Address for service: 67 Frid Street. Unit 16; Hamilton, ON L8P 4M3

Name of payment certifier (where applicable): McCallumSather Architects Inc.

Address: Westinghouse HQ, 2nd Floor; 286 Sanford Ave. N.; Hamilton, ON L8L 6A1

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(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:

(HHSC) West Lincoln Memorial Hospital; 169 Main Street East; Grimsby, ON L3M 5J5

(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)