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)

835 KING ST W ,
(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:
Permit is for interior alterations on the third floor for new equipment in lab area and to replace a roof top air-handling unit at WRHN @ Midtown.
(short description of the improvement)

to the above premises was substantially performed on 31 AUGUST 2026 .
(date substantially performed)

Date certificate signed: 31 AUGUST 2026

LILA KOLEVA (PARTNER ARCHITECT)
(payment certifier where there is one)

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

Name of owner: WATERLOO REGIONAL HEALTH NETWORK (WRHN)

Address for service: 835 KING ST W, KITCHENER ON. N2G 2M7

Name of contractor: BDA INC.

Address for service: 36 Butterick Road, Etobicoke, Ontario M8W 3Z8

Name of payment certifier (where applicable): LILA KOLEVA (PARTNER ARCHITECT)

Address: 150 Sterling Road, Toronto, Ontario, M6R 0C6, Unit 403

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:
835 King St W, Kitchener, Ontario, N2G 1G3
(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)