

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

*Construction Act*

**City of Guelph**

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

**649 Scottsdale Drive**

(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:

**Suite 400 Qualia**

(short description of the improvement)

to the above premises was substantially performed on **December 20, 2023**

(date substantially performed)

Date certificate signed: **December 21, 2023**

(payment certifier where there is one)

*Jose Ferra Rick Kuepfer*

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

Name of owner: **Scottsdale Medical Centre Corp.**

Address for service: **649 Scottsdale Drive, Guelph, Ontario N1G 4T7**

Name of contractor: **Allcon Management Inc.**

Address for service: **19-617 Douro Street, Stratford, Ontario N5A 0B5**

Name of payment certifier (where applicable): **not applicable**

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**649 Scottsdale Drive, Guelph Ontario**

(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)