

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)

3570 King Street East, Kitchener, Ontario N2A 2W1

(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:

24-041 Design Build Contracting for Freeport XRAY

(short description of the improvement)

to the above premises was substantially performed on **August 04, 2026**

(date substantially performed)

Date certificate signed: **08.04.2026**

(payment certifier where there is one)

Alex Lubczuk

08.04.2026

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

DocuSigned by:

Alex Lubczuk

04DC937A42164AD...

Name of owner: **Waterloo Regional Health Network**

Address for service: **3570 King Street East, Kitchener, ON N2A 2W1**

Name of contractor: **BDA Inc.**

Address for service: **36 Butterick Road, Toronto, ON M8W 3Z8**

Name of payment certifier (where applicable): **Waterloo Regional Health Network**

Address: **3570 King Street East, Kitchener, ON N2A 2W1**

(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:

Waterloo Regional Health Network, 3570 King Street East, Kitchener, ON N2A 2W1

(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)

Certificate Of Completion

Envelope Id: ED59978B-9664-80F6-82C1-23B88133B606

Status: Completed

Subject: Complete with Docusign: WRHN X-Ray Reno - Form 9_WRHNUndated_08.04.2026.pdf

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Alex Lubczuk

AutoNav: Enabled

alex.lubczuk@wrhn.ca

Envelopeld Stamping: Enabled

IP Address: 216.16.232.115

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8/5/2026 9:53:04 AM

alex.lubczuk@wrhn.ca

Signer Events

Alex Lubczuk

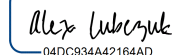
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Project Manager

Security Level: Email, Account Authentication
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Signature

DocuSigned by:


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Sent: 8/5/2026 9:53:36 AM

Viewed: 8/5/2026 9:53:49 AM

Signed: 8/5/2026 9:53:57 AM

Electronic Record and Signature Disclosure:

Accepted: 9/1/2023 8:27:19 AM

ID: 67beccc0-82cf-4953-bac3-27131b0e7850

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

8/5/2026 9:53:36 AM

Certified Delivered

Security Checked

8/5/2026 9:53:49 AM

Signing Complete

Security Checked

8/5/2026 9:53:57 AM

Completed

Security Checked

8/5/2026 9:53:57 AM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Grand River Hospital Corporation:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: helen.ansell@grhosp.on.ca

To advise Grand River Hospital Corporation of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at helen.ansell@grhosp.on.ca and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to helen.ansell@grhosp.on.ca and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to helen.ansell@grhosp.on.ca and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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- Until or unless you notify Grand River Hospital Corporation as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Grand River Hospital Corporation during the course of your relationship with Grand River Hospital Corporation.