

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

Construction Act

London, Ontario, Canada

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

339 Windemere Rd london, Ontario N6A 5A5 800 Commissioners Rd. east, London, Ontario N6A 5W9

(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:

London Health Sciences Centre, University and Victoria Hospitals | Diagnostic Imaging Renovations Phase 2

(short description of the improvement)

to the above premises was substantially performed on **January 8, 2024**

(date substantially performed)

Date certificate signed: **January 9, 2024**



(payment certifier where there is one)

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

Name of owner: **London Health Sciences Centre**

Address for service: **800 Commissioners Rd. East, London, Ontario N6A 5W9**

K&L Construction (Ontario)

Name of contractor: **Limited**

Address for service: **27-1615 North Routledge Park, Lodnon, Ontario N6H 5N5**

Name of payment certifier (where applicable): **matter architectural studio inc.**

Address: **300-1108 Dundas Street, Lodnon, Ontario N5W 3A7**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**Plan 648 PT LOTS 1 TO 10 RCP 1027 LOT 45 PT LOTS 36 AND 37 PT BLKS A B AND 1 AND RP
33R9228 PARTS 1 TO 3 RP |
CON 3 PT LOT 16 PT LOT 17 REG COMP PLAN 1027 LOT 37 IRR 25.16AC 479.43 FR**

(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)