

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 300 Westminster Woods Medical Centre

(short description of the improvement)

to the above premises was substantially performed on **May 3, 2024**

(date substantially performed)

Date certificate signed: **May 5, 2024**

(payment certifier where there is one)

Jose Ferra

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

Rick Kuemper

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)