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

Construction Act

| Town of Moosonee, Ontario, Canada | |
|---|----------------------------------|
| (County/District/Regional Municipality/Town/City in which premises are situated) | .,, |
| Semi-Detached Units 2 through 47 Weeneebayko Way, Moosonee Ontario | |
| (street address and city, town, etc., or, if there is no street address, the location of the pro- | emises) |
| This is to certify that the contract for the following improvement: | |
| WAHA Healthcare Redevelopment | |
| (short description of the improvement) | - |
| to the above premises was substantially performed on December 12, 2024 | |
| (date substantially performed) | |
| Date certificate signed: December 12, 2024 | |
| (Vaz. | |
| (payment ertifier where there is one - signature required) (owner and contractor, where signatures | |
| Name of owner: Weeneebayko Area Health Authority | |
| Address for service: 19 Hospital Drive, Box 64, Moose Factory Ontario P0L 1W0 | |
| Name of contractor: Bird Construction Group | · |
| Address for service: Suite 400, 5700 Explorer Drive, Mississauga, Ontario L4W 00 | 6 |
| Name of payment certifier (where applicable): Dean Archibald | |
| Address: 500 - 311 Portage Avenue, Winnipeg, Manitoba | |
| (Use A or B, whichever is appropriate) | |
| A. Identification of premises for preservation of liens: | |
| 2,4,6,8,10,12,14,16,17,18,19,20,21,22,23,24,25,26,27,28,30,32,34,36 | ,37,39,41,43,45,47 |
| (if a lien attaches to the premises, a legal description of the premise including all property identifier numbers and addresses for the premise | s, Magnaybayka May |
| 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 | ne claim for lien must be given) |