

FORM 9

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

Construction Act

Town of Moosonee

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

5 Percy's Way, Moosonee, ON, P0L1Y0, CA

(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:

The preparation of a site pad for the future WAHA Health Campus Site. CCDC-5B

(short description of the improvement)

to the above premises was substantially performed on October 3, 2024

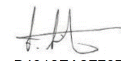
(date substantially performed)

Date certificate signed: December 19, 2024

(payment certifier where there is one - signature required)



Signed by:



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

Name of owner: Weeneebayko Area Health Authority

Address for service: 19 Hospital Drive Moose, PO Box 664, Moose Factory, ON, P0L1W0, CA

Name of contractor: Pomerleau Inc.

Address for service: 185 The West Mall, suite 1100, Toronto, ON, M9C 5L5, Canada

Name of payment certifier (where applicable): _____

Address: _____

(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:

Weeneebayko Area Health Authority, 5 Percy's Way, Moosonee, ON, P0L1Y0, CA and Pome

(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)