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

Construction Act

| Animakee Wa Zhing #37 First Nation | |
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| (County/District/Regional Municipal | lity/Town/City in which premises are situated) |
| Windigo Island, Lake of the Woods, Ontario | |
| (street address and city, town, etc., or, if the | ere is no street address, the location of the premises) |
| This is to certify that the contract for the following improve | vement: |
| Construction of Community Health and Service Center | |
| (short descrip | otion of the improvement) |
| to the above premises was substantially performed on | 2025/01/14 |
| | (date substantially performed) |
| Date certificate signed: 2025/01/14 | |
| | |
| | |
| (payment certifier where there is one) | (owner and contractor, where there is no payment certifier) |
| Name of owner: Animakee Wa Zhing #37 First Nation | |
| | |
| Address for service: Animakee Wa Zhing #37, PO Box 2 | 267, Sioux Narrows, Ontario, P0X 1N0 |
| Name of contractor: NDC Construction Ltd. | |
| Address for service: 202-1615 St.Marys Rd. Winnipeg, Manitoba, R2M 3W8 | |
| | |
| Name of payment certifier (where applicable): Boreal A | rchitecture Studio Inc. |
| Address: 90 Annabella Street, 8th Floor, Winnipeg, Mani | toba, R3B 3K7 |
| (Use A or B, whichever is appropriate) | |
| A Identification of promises for preservation of | lione |
| A. Identification of premises for preservation of | iletis. |
| | e premises, a legal description of the premises, entifier numbers and addresses for the premises) |
| ☑ B. Office to which claim for lien must be given to preserve lien: | |
| _ | Na Zhing #37, PO Box 267, Sioux Narrows, Ontario, P0X 1N0 |
| (if the lien does not attach to the premises, the name | e and address of the person or body to whom the claim for lien must be given) |