

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

*Construction Act*

Atikokan, ON

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

120 Dorothy Street, Atikokan, ON P0T 1C0

(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:

Electrical Panels Upgrade

(short description of the improvement)

to the above premises was substantially performed on April 1<sup>st</sup>, 2025

(date substantially performed)

Date certificate signed: April 1<sup>st</sup>, 2025

  
Cosimo Racco, P.Eng

(payment certifier where there is one)

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

Name of owner: Atikokan General Hospital

Address for service: 120 Dorothy Street, Atikokan, ON P0T 1C0

Name of contractor: Finnway General Contractors

Address for service: 1301 Walsh St W, Thunder Bay, ON P7E 4X6

Name of payment certifier (where applicable): RVI Group Ltd.

Address: 120 N. Brodie St. Thunder Bay, Ontario P7C 3S3

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

120 Dorothy Street, Atikokan, ON P0T 1C0

(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)