

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

Construction Act

Slate Falls First Nation, ON.

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

48 Lakeview Dr. Slate Falls Clinic

(street address and city, town, etc., or, if there is no street address, the location of the premises)

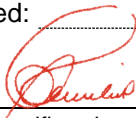
This is to certify that the contract for the following improvement:

New Dental Treatment Suite Renovation & Nurses Residence

(short description of the improvement)

to the above premises was substantially performed on March 14, 2025
(date substantially performed)

Date certificate signed: April 15, 2025



(payment certifier where there is one)

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

Name of owner: Slate Falls First Nation

Address for service: 48 Lakeview Dr. Slate Falls Clinic

Name of contractor: Giant Contracting Ltd.

Address for service: 2264 Robin Cres. Thunder Bay, ON. P7K 1G2

Name of payment certifier (where applicable): William Pawliuk

Address: 1230 Carrick St. Unit C, Thunder Bay, ON. P7B 5P9

(Use A or B, whichever is appropriate)



A. Identification of premises for preservation of liens:

48 Lakeview Dr. Slate Falls Clinic

(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, the name and address of the person or body to whom the claim for lien must be given)