

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

**Thunder Bay, Ontario**

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

**980 Oliver Road, P7B 6V4**

(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:

**PBX Upgrade**

(short description of the improvement)

to the above premises was substantially performed on **June 01, 2021**

(date substantially performed)

Date certificate signed: **June 17, 2021**



(payment certifier where there is one)

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

Name of owner: **Thunder Bay Regional Health  
Sciences Centre**

Address for service: **980 Oliver Road, Thunder Bay, ON P7B 6V4**

Name of contractor: **SoftChoice LP**

Address for service: **1175 North Service Road West, Oakville, Ont. L6M 2W1**

Name of payment certifier (where applicable): **H. H. Angus & Associates Ltd**

Address: **1127 Leslie Street, Toronto, ON M3C 2J6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**Thunder Bay Regional Health Sciences Centre**

(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)