

# FORM 9

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

*Construction Act*

**County of Oxford**

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

**Various locations around Kintore in the County of Oxford**

(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:

**Substantial Completion of Project OXF\_10\_QUAD to construct and implement high-speed broadband services in the County of Oxford**

(short description of the improvement)

**June 22, 2022**

to the above premises was substantially performed on \_\_\_\_\_

(date substantially performed)

**October 13, 2022**

Date certificate signed: \_\_\_\_\_

(payment certifier where there is one)

**Southwestern Integrated Fibre  
Technology Inc.**

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

Name of owner: \_\_\_\_\_

**789 Broadway St., Wyoming, ON N0N 1T0**

Address for service: \_\_\_\_\_

**Quadro Communications Co-**

Name of contractor: **Operative Inc.**

**1845 Road 164, Box 101, Kirkton, ON N0K 1K0**

Address for service: \_\_\_\_\_

**N/A**

Name of payment certifier (where applicable): \_\_\_\_\_

**1845 Road 164, Box 101, Kirkton, ON N0K 1K0**

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:

**Executive Director  
Southwestern Integrated Fibre Technology Inc.  
789 Broadway St.  
Wyoming, ON N0N 1T0**

(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)