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

Construction Act

| Pikangikum First Nation   |
|---|
| (County/District/Regional Municipality/Town/City in which premises are situated)  |
| P.O. Box 323, Pikangikum, Ontario, P0V 1L0  |
| (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:   |
| Pikangikum Nursing Station - Fuel Renovation Project  |
| (short description of the improvement)  |
| to the above premises was substantially performed on February 1, 2023   |
| (date substantially performed)  |
| Date certificate signed / Mescri 7 / 23   |
|   |
| (owner and contractor, where there is no payment certifier)   |
|   |
| Name of owner: Independent First Nations Alliance   |
| Address for service: Pikangikum First Nation Main Street  |
| Name of contractor: LTL Environmental Inc.  |
| Address for service: 227 Highway 527, Shuniah, Ontario, P7A 0N4   |
| Name of payment certifier (where applicable): TBT Engineering Limited   |
| Address: 1918 Yonge Street, Thunder Bay, Ontario, P7E 6T9   |
| Address. To to tonge exect, Thances Bay, Chane, 172 010   |
| (Use A or B, whichever is appropriate)  |
| X A. Identification of premises for preservation of liens:  |
| Pikangikum First Nation P.O. Box 323, Pikangikum, Ontario, P0V 1L0  |
| (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 powers or body to whom the claim for lien must be given                   |