

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

Construction Act

Iroquois Falls, Ontario

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

58 Anson Dr.

(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:

Anson General Hospital - Passenger Elevator Modernization

(short description of the improvement)

to the above premises was substantially performed on **June 26, 2023**

(date substantially performed)

Date certificate signed: **June 26, 2023**



(payment certifier where there is one)

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

Name of owner: **MICs Group**

Address for service: **58 Anson Dr, Iroquois Falls, ON P0K 1E0**

Name of contractor: **G&S Enterprises LTD**

Address for service: **437 Cedar Street South, Unit 3 Timmins, ON P4N 2H9**

Name of payment certifier (where applicable): **ABLE Energy Management & Design Corporation**

Address: **815 N Vickers Street, Thunder Bay, ON P7C 4B9**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

85 Anson Dr, Iroquois Falls, ON P0K 1E0

(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)