

FORM 6
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Lien Act

THUNDER BAY, ONTARIO

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

980 OLIVER ROAD, THUNDER BAY, ONTARIO, 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:

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE - PET-CT RELOCATION PROJECT - LEVEL 2

(short description of the improvement)

to the above premises was substantially performed on AUGUST 14, 2023

(date substantially performed)

Date certificate signed: AUGUST 15, 2023


(payment certifier where there is one)

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

Name of owner: TB REGIONAL HEALTH SCIENCES

Address for service: 980 OLIVER ROAD, THUNDER BAY, ONTARIO, P7B 6V4

Name of contractor: TOM JONES CORPORATION

Address for service: 560 SQUIER PLACE, THUNDER BAY, ONTARIO, P7B 6M2

Name of payment certifier (where applicable): STANTEC ARCHITECTURE LTD.

Address: 500 - 311 PORTAGE AVENUE, WINNIPEG, MANITOBA, R3B 2B9

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(where liens attach to premises, reference to lot and plan number or instrument registration number)

☒ B. Office to which claim for lien must be given to preserve lien:

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

(where liens do not attach to premises)