

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

**Kitchenhumaykoosib Inninuwig First Nation**

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

**Saggios Sainnawap Memorial Health Centre**

(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:

**IFNA KI Dental Upgrades**

(short description of the improvement)

to the above premises was substantially performed on **June 20, 2023**

(date substantially performed)

Date certificate signed: **July 7, 2023**



(payment certifier where there is one)

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

Name of owner: **independent First Nations Alliance**

Address for service: **Saggios Sainnawap Memorial Health Centre, Kitchenhumaykoosib Inninuwig First Nation, Ontario**

Name of contractor: **PDR Contracting Thunder Bay Limited**

Address for service: **1918 B Yonge St. THUNDER BAY, Ontario P7E 6T9**

Name of payment certifier (where applicable): **Karl Tuomisto**

Address: **131 Court Street N., Thunder Bay, ON. P7A 4V1**

(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:

**independent First Nations Alliance, 1151 Barton Street Unit 203, Thunder Bay ON P7B 5N3**

(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)