

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

*Construction Act*

**Webequie First Nation**

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

**Nursing Station, Webikwe Rd. Webequie, ON. P0T 3A0**

(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:

**New Office Addition & Renovations to the Dental Treatment Suite in the Webequie Nursing Station.**

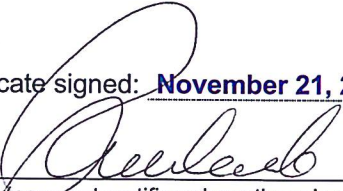
(short description of the improvement)

to the above premises was substantially performed  
on

**November 3, 2023**

(date substantially performed)

Date certificate signed: **November 21, 2023**

  
(payment certifier where there is one)

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

Name of owner: **Webequie First Nation**

Address for service: **Nursing Station, Webikwe Rd. Webequie, ON. P0T 3A0**

Name of contractor: **M. Reid Construction Inc.**

Address for service: **176 Robinson Drive, Thunder Bay, ON. P7A 6G5**

Name of payment certifier (where applicable): **William Pawliuk**

Address: **1230 Carrick Street Unit C, Thunder Bay, ON. P7B 5P9**

(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:

**Webequie Band Office - PO Box 268 c/o Webikwe Rd, Webequie First Nation, ON. P0T 3A0**

(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)