

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

*Construction Act*

The Municipality of Sault Ste Marie, ON

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

750 Great Northern Road, Sault Ste. Marie, ON

(street address and city, town, etc., or, if there is no street address, the location of the premises)

Sault Area Hospital, Cardiac Cath Lab Expansion 2020

(short description of the improvement)

to the above premises was substantially performed on 2023-12-21

(date substantially performed)

Date certificate signed: 10 Jan 2024

Jeanette Biemann, P.Eng

(payment certifier where there is one)

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

Name of owner: Sault Area Hospital

Address for service: 750 Great Northern Road, Sault Ste. Marie, ON

Name of contractor: EllisDon Facilities Services

Address for service: 750 Great Northern Road, Sault Ste. Marie, ON

Name of payment certifier (where applicable): IDEA Inc.

Address: 421 Bay Street, Suite 507, Sault Ste. Marie ON P6A 1X3

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:  
Sault Area Hospital, 750 Great Northern Road, Sault Ste. Marie, ON

(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 person or body to whom the claim for lien must be given)