

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

Bearskin Lake First Nation

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

Bearskin Lake Nursing Station

(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:


Renovations to the Nursing Station's Dental Treatment Suite

(short description of the improvement)

to the above premises was substantially performed on September 27, 2023

(date substantially performed)

Date certificate signed: January 30, 2024

  
(payment certifier where there is one)

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

Name of owner: Bearskin Lake First Nation

Address for service: c/o Band Office - PO Box 25 - Bearskin Lake, ON. P0V 1E0

Name of contractor: Giant Contracting Ltd.

Address for service: 2265 Robin Cres. Thunder Bay, ON. P7K 1G2

Name of payment certifier (where applicable): William Pawliuk

Address: 1230 Carrick St. 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:

c/o Band Office - PO Box 25 - Bearskin Lake, ON. P0V 1E0

\_\_\_\_\_  
(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)