

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

*Construction Act*

Thunder Bay, ON \_\_\_\_\_,

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

980 Oliver Road, Thunder Bay, ON 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:

Linac Design-Build Project \_\_\_\_\_

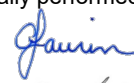
(short description of the improvement)

to the above premises was substantially performed on April 25, 2024 \_\_\_\_\_.

(date substantially performed)

Date certificate signed: April 25, 2024 \_\_\_\_\_

(payment certifier where there is one - signature required)



Courtney Laurin  
Health Care Solutions



Digitally signed by Casey  
Ladouceur

Date: 2024.04.26 08:10:09 -04'00'

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

Name of owner: Thunder Bay Regional Health Sciences Centre

Address for service: 980 Oliver Road, Thunder Bay, ON P7B 6V4

Name of contractor: Health Care Solutions Inc.

Address for service: 307-390 Bay Street, Sault Ste. Marie, ON P6A 1X2

Name of payment certifier (where applicable): \_\_\_\_\_

Address: \_\_\_\_\_

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

Thunder Bay Regional Health Sciences Centre at 980 Oliver Road, Thunder Bay, ON P7B 6V4 

(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)