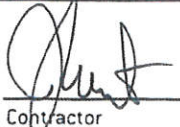


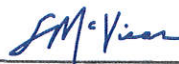


COMPLETION CERTIFICATE


Project No:	A-741.03	Owner:	Animakee Wa Zhing #37 First Nation		
Project Name:	AWZ RHI - Regina Bay	Contractor:	Grandeur		
Date of Interim Completion:		End of Warranty Date:			
2024-04-12		2025-04-12			
Inspected by:		Date of Inspection:			
Sam Juganas - JRCC		2024-03-27			
Fraser Hargreaves - Grandeur		2024-03-27			
Summary List of Defective and/or Deficient Work		Estimated Value	Completion Due Date	Date Work Accepted	Accepted by
1	Complete eavestrough and downspout installation on 5-plex		2024-04-15		
2	Replace thresholds on various doors			2024-04-12	
3	Repaint attic hatch on unit A&B of 5-plex			2024-04-12	
4	Install grill over furnace - all units		2024-05-15		
5	Turn water on for unit C&D, and E&F of 5-plex			2024-04-12	
6	Repair baseboard in suite #2 of unit 4618 A&B - Duplex			2024-04-12	
7	Fix smoke detector in Suite #2 of unit 4619 A&B - Duplex			2024-04-12	
8	Complete general cleaning of all units		2024-04-15		
9	Install base flashing around 5-plex		2024-05-15		
Total Value of Deficiencies					


 Contractor _____

 April 12/24
 Date


 Client _____

 April 23, 2024
 Date


 Engineer _____

 Apr 12, 24
 Date

FORM 10
CERTIFICATE OF COMPLETION OF SUBCONTRACT
UNDER SUBSECTION 33(1) OF THE ACT
Construction Act

This is to certify the completion of a subcontract for the supply of services or materials between

_____ and _____,
(name of subcontractor)

dated the _____ day of _____, 20_____.

The subcontract provided for the supply of the following services or materials:

to the following improvement:

(short description of the improvement)

of premises at _____.

(street address, or if there is none, the location of the premises)

Date of certification _____

(payment certifier where there is one - signature required)

(owner and contractor - signatures required)

Name of owner: _____

Address for service: _____

Name of contractor: _____

Address for service: _____

Name of payment certifier (where applicable): _____

Address: _____

(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:

(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)