

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

Construction Act

Fort Severn First Nation, Ontario

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

Fort Severn Nursing Station, Fort Severn First Nation, Ontario

(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:

Fort Severn First Nation - Nursing Station Telehealth HVAC Upgrades

(short description of the improvement)

to the above premises was substantially performed on **June 11, 2024**

(date substantially performed)

Date certificate signed: **June 20, 2024**



(payment certifier where there is one)

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

Name of owner: **Fort Severn First Nation**

Address for service: **General Delivery, Fort Severn, ON P0V 1W0**

Name of contractor: **Mac-Tower Inc.**

Address for service: **Unit 15 - 1201 Grassmere Rd., West St. Paul, Manitoba, R4A 1C4**

Name of payment certifier (where applicable): **Keewatin-Aski Ltd.**

Address: **58 Wellington St., Sioux Lookout, ON, P8T 1E1**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

41 Duke St., Dryden, ON, P8N 1E6

(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)