C		orm 9 STANTIAL PERFORMANCE
-		ER SECTION 32 OF THE ACT
		ruction Act
	Ott	awa
		Town/City in which premises are situated)
	Various	- Ward 5 & 21
(Street add	lress and city, town, etc., or, if there	is no street address, the location of the premises)
Desi		
Proje	- -	ame: Small Culvert Replace: 8 Rural West Order No: 45089928
		of the improvement)
		ist 12, 2020
	(date substa	ntially performed)
Date certificate signed: August 1	7, 2020	
Payment Certifier where	e there is one	Owner and Contractor, where there is no payment certifier
CIMA CANADA INC		
(payment certifier)		(representative of owner)
Tim Kennedy		
(name)		(signature)
<u>IJU Jour 118</u>	for Tim Kennedy	
ASignature)		(representative of contractor)
		(signature)
1		(ognatio)
	0% ( 0%	
Name of the owner	City of Ottawa	
Name of the owner Address for service	100 Constellation Drive, Ott	
	100 Constellation Drive, Ott	awa, ON, K2G 6J8
Address for service	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, B	EDWARDS ON, KOA 1V0
Address for service Name of the contractor	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, B	EDWARDS ON, KOA 1V0
Address for service Name of the contractor Address for service	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, B	EDWARDS ON, KOA 1V0
Address for service Name of the contractor Address for service Name of payment certifier	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST,	EDWARDS ON, KOA 1V0
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST,	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address (Use A or B whichever is approp	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, priate)	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, priate)	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address (Use A or B whichever is approp A. Identification of premises for	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, priate)	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address (Use A or B whichever is approp A. Identification of premises for	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, priate)	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address (Use A or B whichever is approp A. Identification of premises for <i>(if a lien attaches to the premise</i> )	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, priate)	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8 es, including all property identifier numbers and addresses for the premises)
Address for service Name of the contractor Address for service Name of payment certifier (where applicable) Address (Use A or B whichever is approp A. Identification of premises for ( <i>if a lien attaches to the premise</i> B. Office to which claim for lie	100 Constellation Drive, Ott W H MACSWEYN INC 8547 MITCH OWENS RD, F CIMA CANADA INC 110 - 240 CATHERINE ST, 110 - 240 CATHERINE ST, or preservations of liens:	EDWARDS ON, K0A 1V0 OTTAWA ON, K2P 2G8 es, including all property identifier numbers and addresses for the premises)