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

Construction Act

Thunder Bay, Ontario ,
(County/District/Regional Municipality/Town/City in which premises are situated)

980 Oliver Road, 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:

Nurse Upgrade Phase 1
(short description of the improvement)

to the above premises was substantially performed on **February 15, 2021** .
(date substantially performed)

Date certificate signed: **March 02, 2021**

(payment certifier where there is one)

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

Name of owner: **Thunder Bay Regional Health Sciences Centre**

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

Name of contractor: **CRC Communication**

Address for service: **555 Dunlop Street, Thunder Bay, ON P7B 6S1**

Name of payment certifier (where applicable): **H. H. Angus & Associates Ltd**

Address: **1127 Leslie Street, Toronto, ON M3C 2J6**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Thunder Bay Regional Health Sciences Centre
(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, 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)