

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

Construction Act

Fort Frances, ON

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

Rainycrest Long Term Care 550 Osbourne St. Fort Frances, ON, P9A 3T2

(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:

Sprinkler System Retrofit

(short description of the improvement)

to the above premises was substantially performed on **Thursday August 24, 2023**

(date substantially performed)

Date certificate signed: **August 28, 2023**

(payment certifier where there is one)

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

Name of owner: **Riverside Health Care Facilities Inc.**

Address for service: **110 Victoria Ave, Fort Frances, ON P9A 2B7**

Name of contractor: **MBuilds**

Address for service: **955 Cobalt Crescent, Thunder Bay, ON P7B 5Z4**

Name of payment certifier (where applicable): **RVI Group Ltd.**

Address: **120 N. Brodie St. Thunder Bay, Ontario P7C 3S3**

(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:

110 Victoria Ave, Fort Frances, ON P9A 2B7

(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)