

**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)

**550 Osborne Street**

(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:

**HVAC & BAS Upgrades**

(short description of the improvement)

to the above premises was substantially performed on **March 31<sup>st</sup>, 2026**

(date substantially performed)

Date certificate signed: **April 2<sup>nd</sup>, 2026**



(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: **100 Victoria Ave, Fort Frances, ON P9A 2B7**

Name of contractor: **MBuilds**

Address for service: **200-955 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:

**550 Osborne Street, Fort Frances, ON**

(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)