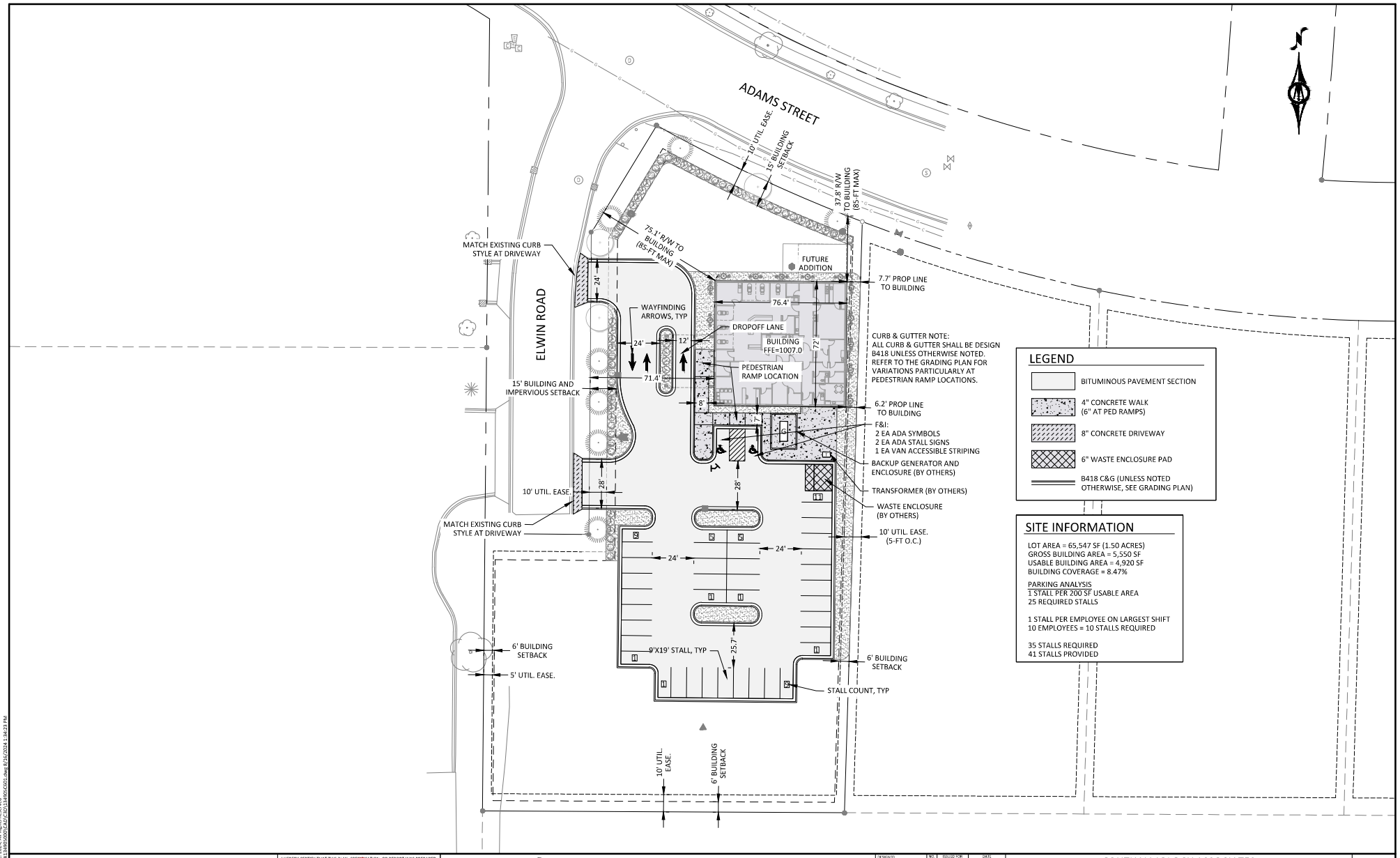

HORZ. 0 25 50 SCALE FEET

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

NOT FOR CONSTRUCTION

ALEC W. PIETZ, P.E.
LIC. NO. 59617 DATE XX/XX/XXXX

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OPHTHALMOLOGY ASSOCIATES
AMBULATORY SURGERY CENTER
SITE PLAN

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