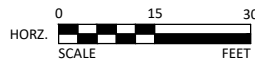


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I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, OR REPORT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

NOT FOR CONSTRUCTION

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



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MAYO CLINIC HEALTH SYSTEM
LOT S2 CONSTRUCTION
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