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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.

PRINT NAME: MICHAEL B. BRANDVOG P.E.

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DATE MARCH 15, 2011 LICENSE # 41258

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NATIONAL  
CEMETERY  
ADMINISTRATION

Drawing Title	Project Title	Date
DEMOLITION PLAN	PORT SNELLING NATIONAL CEMETERY MEMORIAL MARKER WALL	3-15-2011
	Project No.	
Approved: Director, Office of Construction Management	Building Number	Building No.
	Checked	
	Drawn	
Approved: Director, Project Management Service	Location	D-1
	7601 34th AVENUE, SOUTH	

## 100% CONSTRUCTION DOCUMENTS