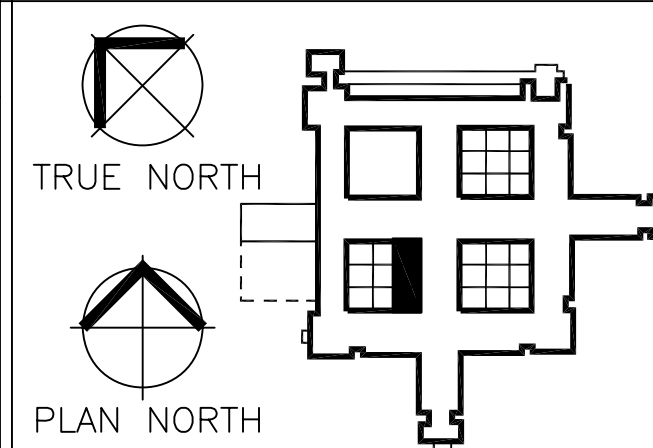
[illegible]

CONSULTANTS:



ARCHITECT:

I HEREBY CERTIFY THAT THIS PLAN,
SPECIFICATION OR REPORT WAS
PREPARED BY ME OR UNDER MY DIRECT
SUPERVISION AND THAT I AM A DULY
REGISTERED ARCHITECT UNDER
THE LAWS OF THE STATE OF MINNESOTA
REGISTRATION NUMBER: 14707

Drawing Scale	SEE DRAWING
Plot Scale	

	Drawing Title
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ATTACHMENT F

PRELIMINARY FLOOR PLAN

Approved: See Sheet C1

	Project Title
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EXPAND BIOMED INSTRUMENT RM

Location	VA MEDICAL CENTER, MINNEAPOLIS, MN
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Project Number

618-12-301

Building Number
70

Drawing Number	100000
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1252-
Dwg 1 of 1

Office of
Facilities
Management



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