

Mark	Revision / Issue	Date

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 Architect under the laws of the State of Minnesota.
Printed Name: Kathy L. Anderson
Signature: _____ License #: _____
Date: _____

JONATHAN SQUARE
CHASKA, MN

LEASE PLAN
BUILDING B
SCALE: AS NOTED

PROJECT NUMBER:	06-2005-01
ISSUED DATE:	12/09/10
DRAWN BY:	ES
CHECKED BY:	KA

LP 1-B

