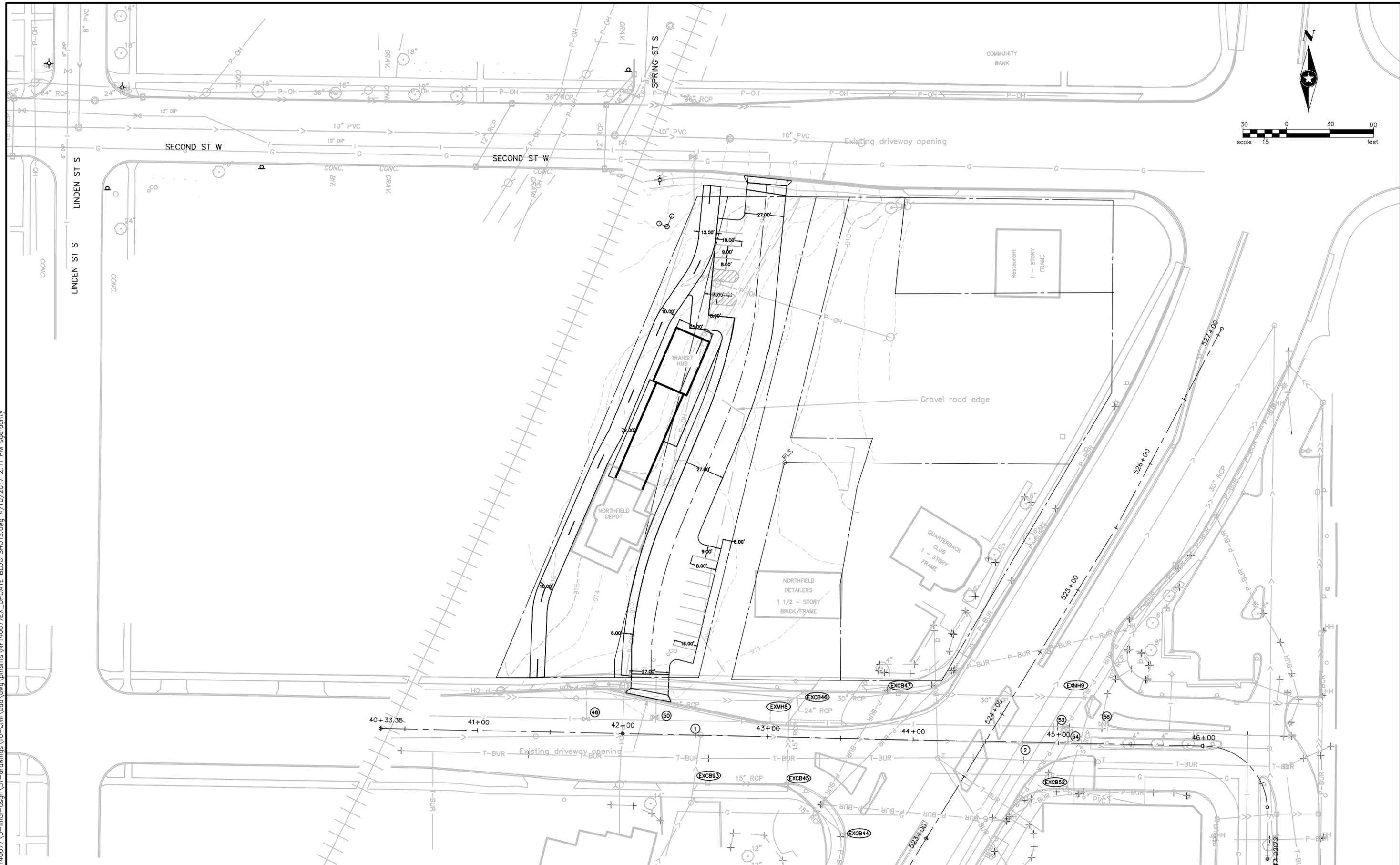


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DRAWN BY: AQB  
 DESIGNER: AQB  
 CHECKED BY: WH

NO.	BY	DATE	REVISIONS

HEREBY CERTIFY THAT THIS PLAN 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.  
 Name, PE  
 Lic. No.      -  
 Date:      -/-/-



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**DEPOT/TRANSIT HUB**  
**NORTHFIELD, MN**

**PROPOSED CONDITIONS**  
**OPTION 2A**

FILE NO.  
 NF140077