IMPORTANT

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FIELD VERIFICATION

CONTRACTOR SHALL VERIFY ALL SHOWN DIMENSIONS AND CONDITIONS AT THE JOB SITE AND NOTIFY THE ARCHITECT OF ANY DIMENSIONAL ERROR, OMISSION, OR DISCREPANCIES BEFORE PROCEEDING OR FABRICATING ANY WORK. DO NOT SCALE THIS DRAWING.

PROJECT TITLE

ARLINGTON OFFICE PARK

Northwest Pedicatric Servises

121 S. Wilke Road Suite 600 & 615
Arlington Heights, Illinois

PROJECT NUMBER

SCALE
AS SHOWN

DATE
04/09/2010

REV. NO.	DATE OF REVISION	DESCRIPTION

CERTIFICATION

THIS IS TO CERTIFY THAT THIS PLAN HAS BEEN PREPARED UNDER MY SUPERVISION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF CONFORMS TO THE APPROVED CODES AND ORDINANCES.

LOCATION ARLINGTON HEIGHTS, ILLINOIS

SIGNATURE

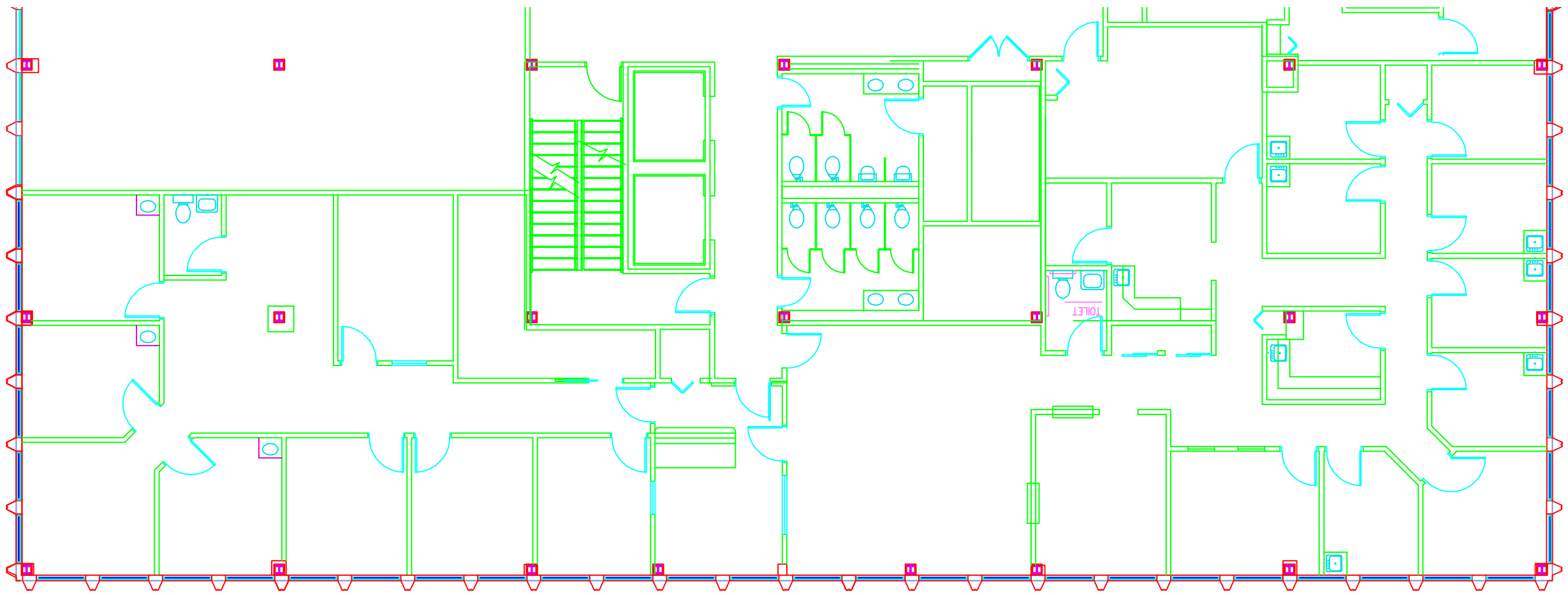
DAN
DEVELOPMENT LTD.

10 E. 22nd Street, Suite 10, Lombard, IL 60148
Phone: 630 627 6000

SHEET NUMBER

sk1a

OF ONE



This document is a graphic representation of the premises only. Verification of any dimensions and or improvements shall be the responsibility of the tenant.

This plan is approved for construction. Alterations to this plan may delay and may increase the cost of the buildout and will be responsibility of the tenant.

Approved By :_____
Tenant Representative

Date :_____

Approved By :_____
Landlord Representative

Date :_____

EXHIBIT A

0 2' 4' 8' 16'

- Existing Exterior Wall
- Existing Wall
- New Wall
- Demo Wall
- Typ. Outlet
- Data/Phone
- Tenant Furniture