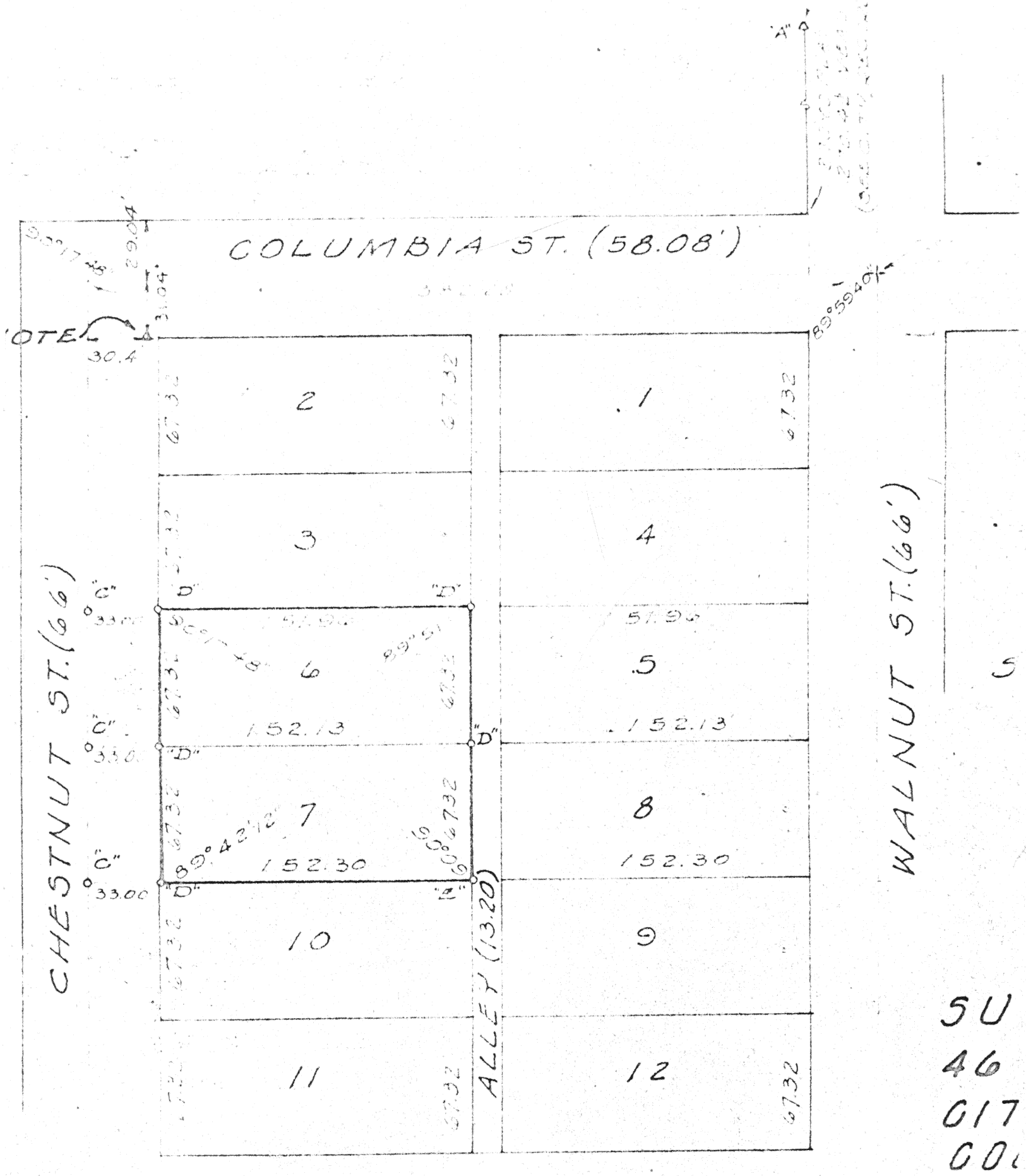

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Signature by a representative of the County Health Dept. denotes compliance with Health Regulations. Signed:_____ Date_____	Signature by a representative of the Auglaize County Regional Planning Commission denotes approval of this plat. Signed:_____ Date _____
Signature by a representative of City with 3 mile limit jurisdiction or Twp. Trustees or Village with zoning jurisdiction denotes approval of this plat. Signed:_____ for political S. D. of:_____ Date _____	Signature by a representative of the County Engineer's Dept. denotes that this plat meets tax map plat requirements. Signed:_____ Date _____
GORDON GEESLIN SURVEY. SEE DRAWING IN FILE. 64	Client _____ County _____ Twp. St. Marys Sec. 3 Drawn by _____ Scale _____ Drwg. No. _____ Checked by _____ Date _____ Sheet_____ of_____ 64 (T____S ; R___E)