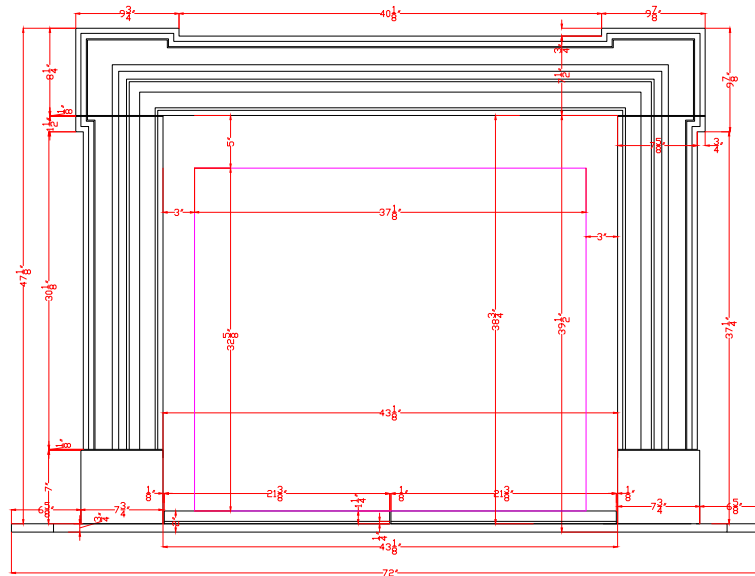
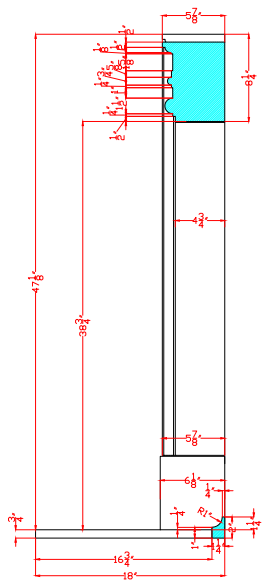
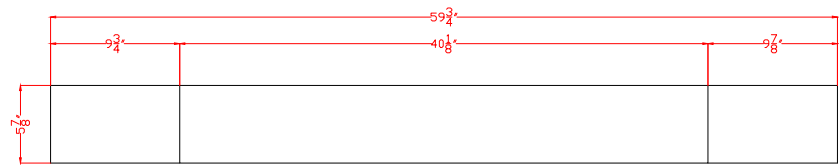
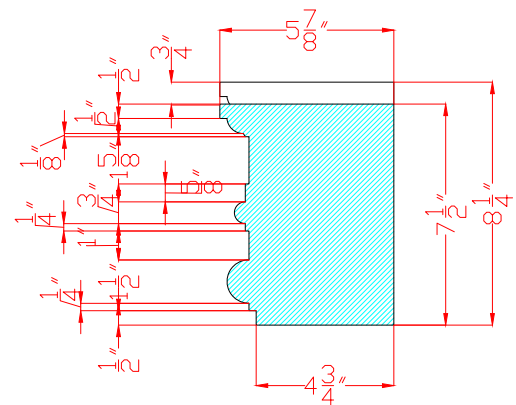
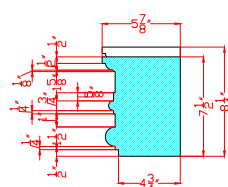


Approval Signature:

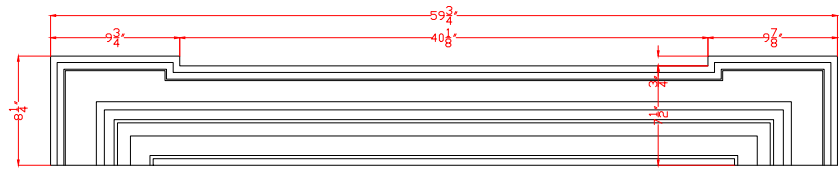
Approval Date:



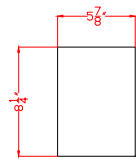
TOP



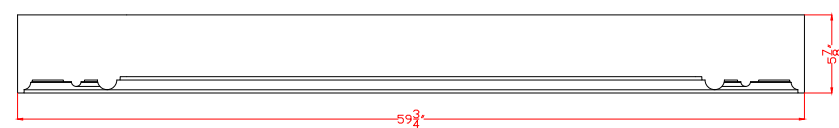
SECTION



FRONT



SIDE



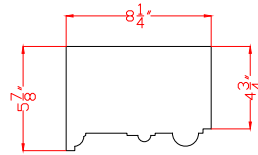
BOTTOM

×1

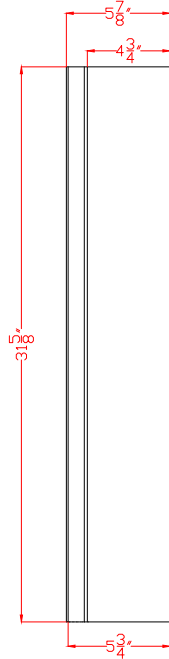
Approval Signature:

Approval Date:

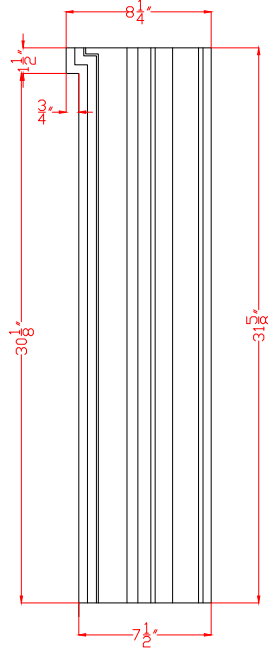
TOP



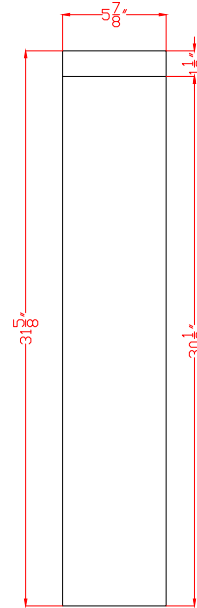
TOP



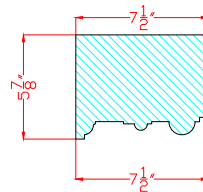
SIDE



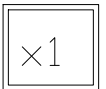
FRONT



SIDE



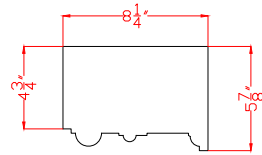
SECTION



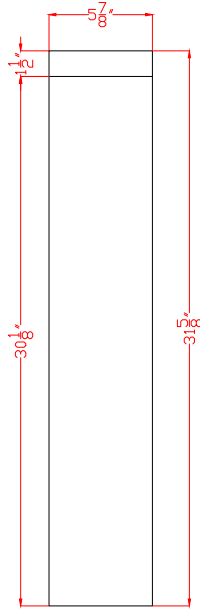
Approval Signature:

Approval Date:

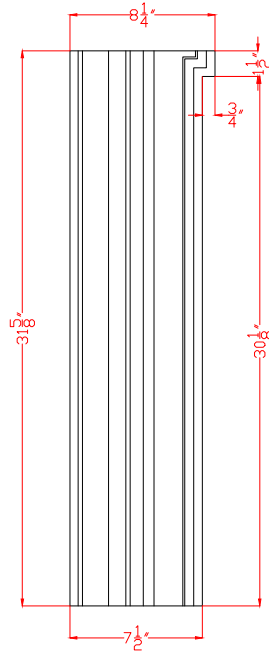
LEFT  
LEG



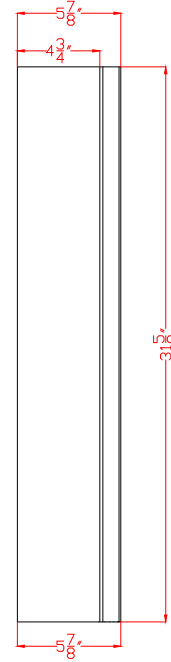
TOP



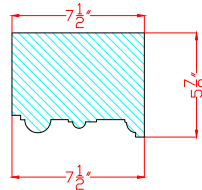
SIDE



FRONT



SIDE



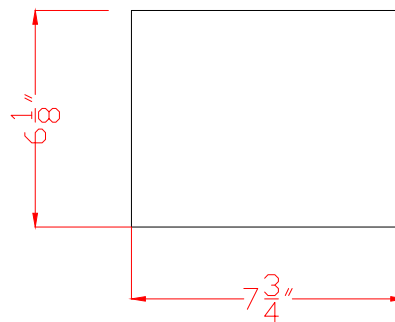
SECTION

×1

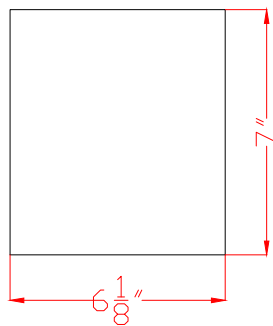
Approval Signature:

Approval Date:

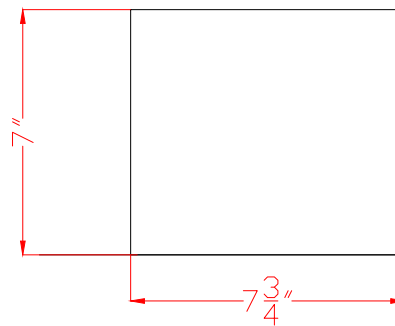
RIGHT  
LEG



TOP



SIDE



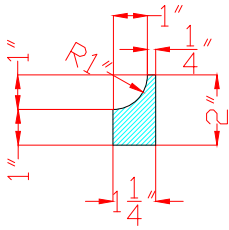
FRONT



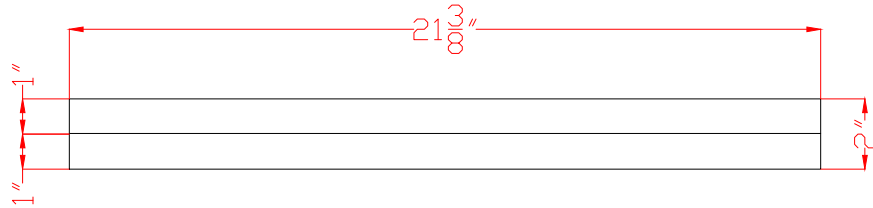
Approval Signature:

Approval Date:

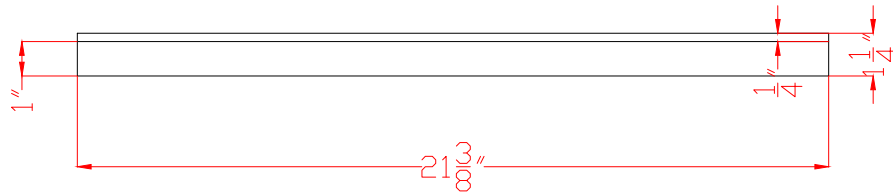
PLINTH



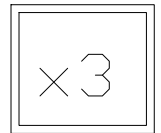
SECTION



FRONT



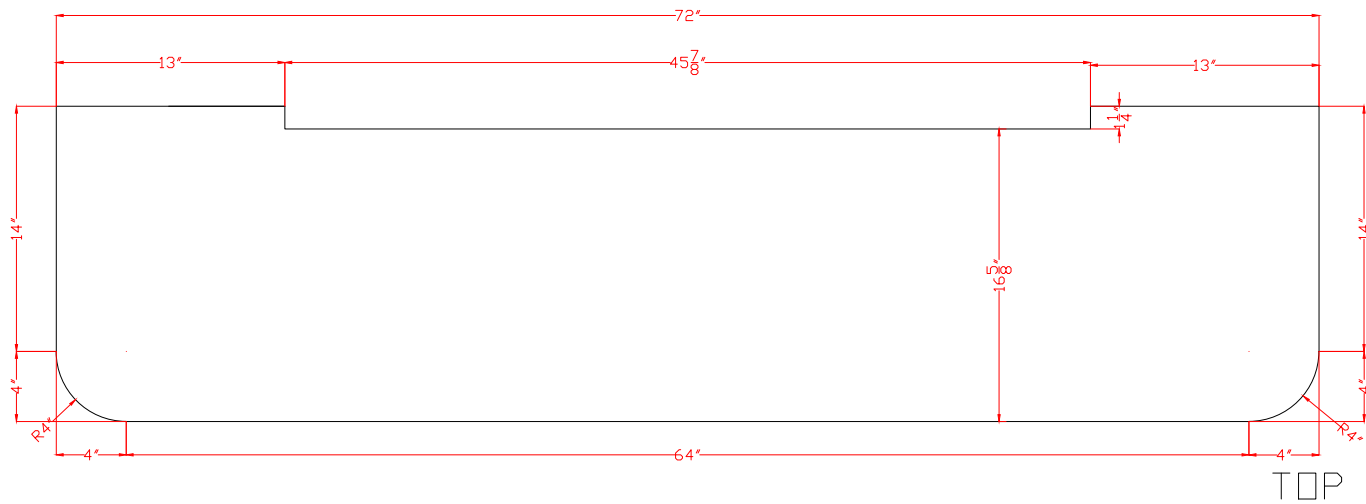
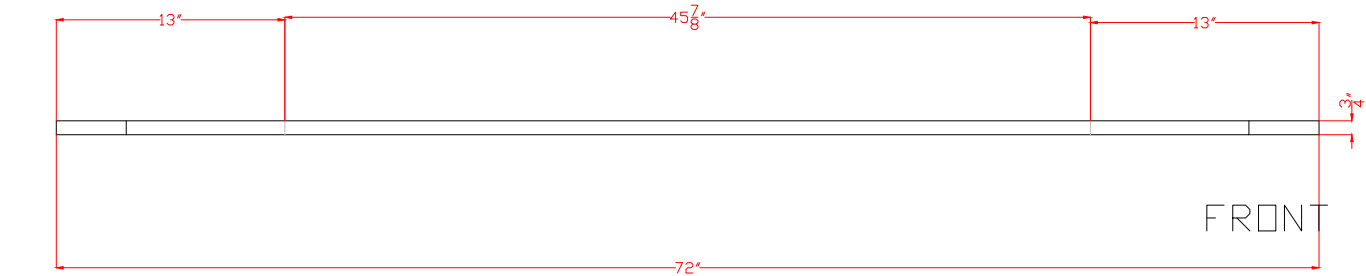
TOP



Approval Signature:

Approval Date:

CAP



×1

Approval Signature:

Approval Date:

HEARTH