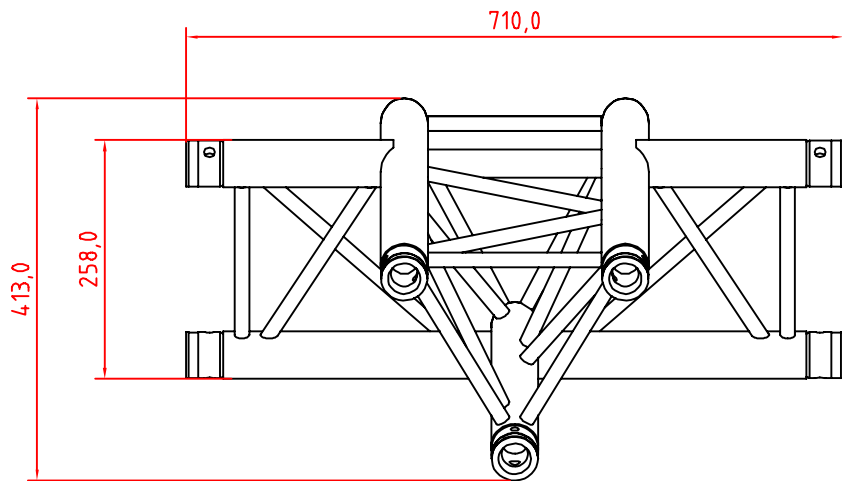
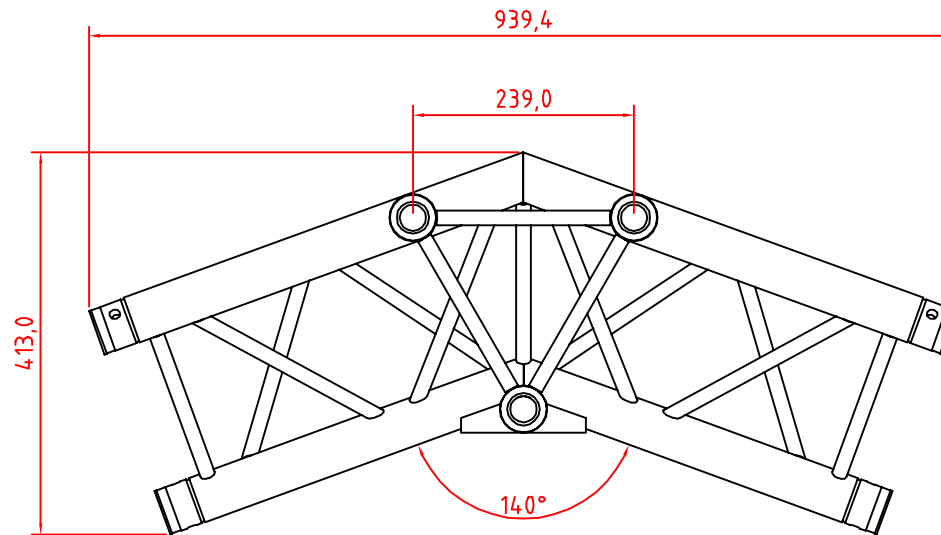


TOP VIEW



SIDE VIEW




FRONT VIEW

For confirmation please sign and fax within two days to: +31-594-851517. If no response is received within two days the delivery time given will be no longer valid.

NAME:

SIGNATURE:

	DRAWN BY: MARIUS MOD. BY:	DATE: 07.10.2014 DATE MOD.:
	UNIT MEASURE: MM CAT.NR.: X30D-C016-140DGR	TREATMENT: REVISION:
	ART.NR.:	STATUS:
	DESCRIPTION: <b>CUSTOM TRIANGLE 30 4-WAY CROSS 140DGR</b>	
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