



CUSTOMER SIGNATURE: X

DATE: \_\_\_\_\_

Part No: \_\_\_\_\_  
 AX010

DATE: 06-24-08  
 DRAWN BY: RGA  
 CHECKED BY: \_\_\_\_\_  
 SCALE: 1:2

Job #: \_\_\_\_\_  
 SHT 1 of 1

Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**CRL**  
 C.R. LAURENCE CO.  
 ARCHITECTURAL PRODUCTS

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REVISIONS