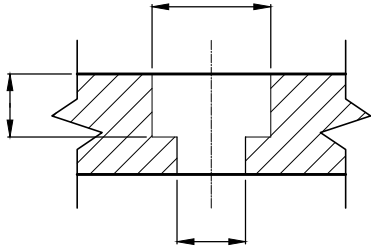
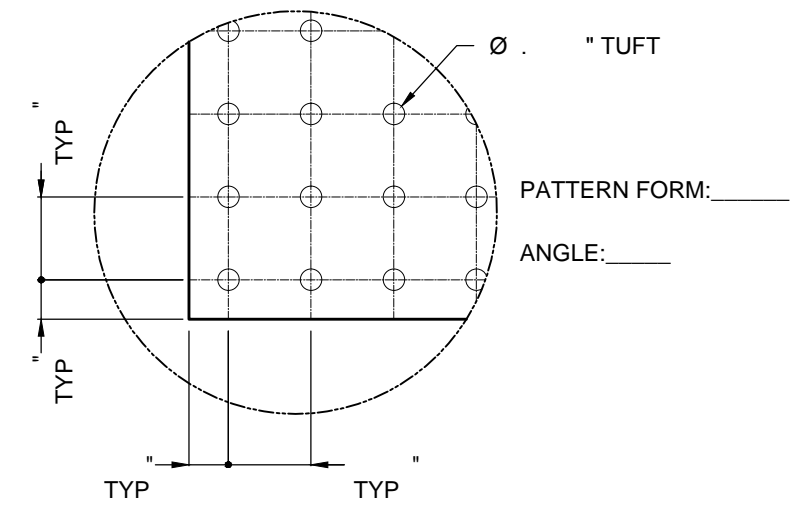
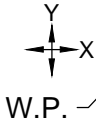
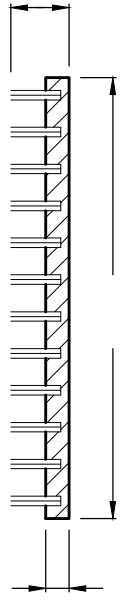
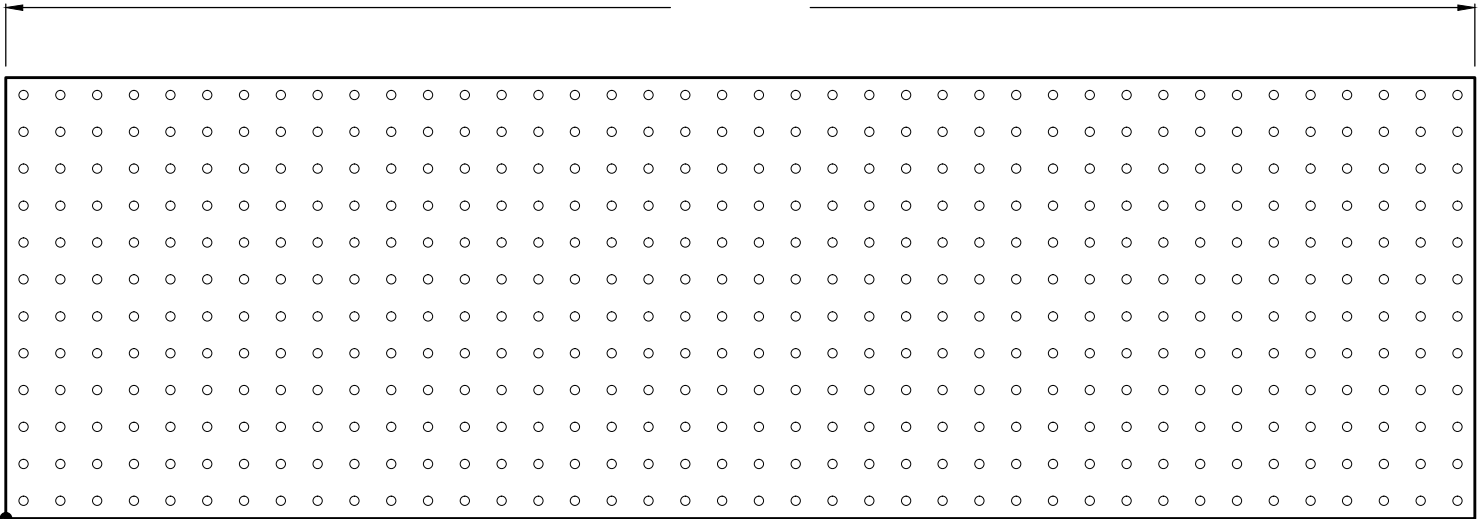


REVISIONS				
REV	ZONE	DESCRIPTION	DATE MM-DD-YYYY	BY/APP
0		ISSUED FOR REVIEW	XX-XX-XXXX	AM/SG



PART NUMBER: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 BLOCK MATERIAL: \_\_\_\_\_  
 FILL MATERIAL: \_\_\_\_\_  
 ROWS: \_\_\_\_\_  
 COLUMNS: \_\_\_\_\_

<b>RBT, LLC</b>	
PHONE: 734-249-9387 FAX: 800-673-8614	
DRAWING NO. _____	
TITLE _____	
CLIENT _____	SCALE _____
DRAWN BY _____	DATE MM DD YY _____
CHECKED BY _____	DATE MM DD YY _____
SHEET NO. 1 OF 1	REV _____

TOLERANCE UNLESS NOTED  
 ONE PLACE .X±.0625  
 TWO PLACE .XX±.03  
 THREE PLACE .XXX±.015  
 HOLE DIA ±.005  
 ANGLES ±2°