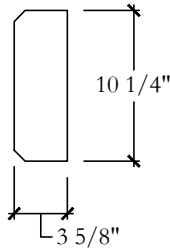


RETURN
PROFILE

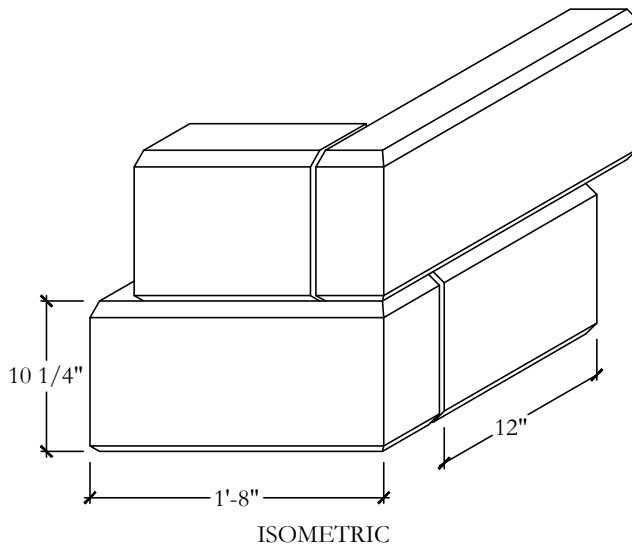


FACE
PROFILE

COLOR: _____

QUANTITY: _____

CCS TOLERANCE: $\pm .125$



ISOMETRIC

Q4BS (BEVELED STAGGERED)

SCALE: 1"=1'

SHOP DRAWING(S) STATUS (CHECK ONE)

RESUBMIT FOR APPROVAL:

APPROVED W/ MODIFICATIONS:

APPROVED

SIGNATURE

DATE

PRINTED NAME

<u>SHOP USE ONLY</u>	
CATALOG #	_____
CUSTOM ID #	_____

DATE: _____

PROJECT: _____

CONTRACTOR: _____



734 E.169th Street, Westfield, IN 46074 Bus:(317) 896-1700 Fax:(317) 896-1701 Toll:(888) 776-9960

DRAWN BY:	_____
CHECKED BY:	_____
SHEET NO.	_____