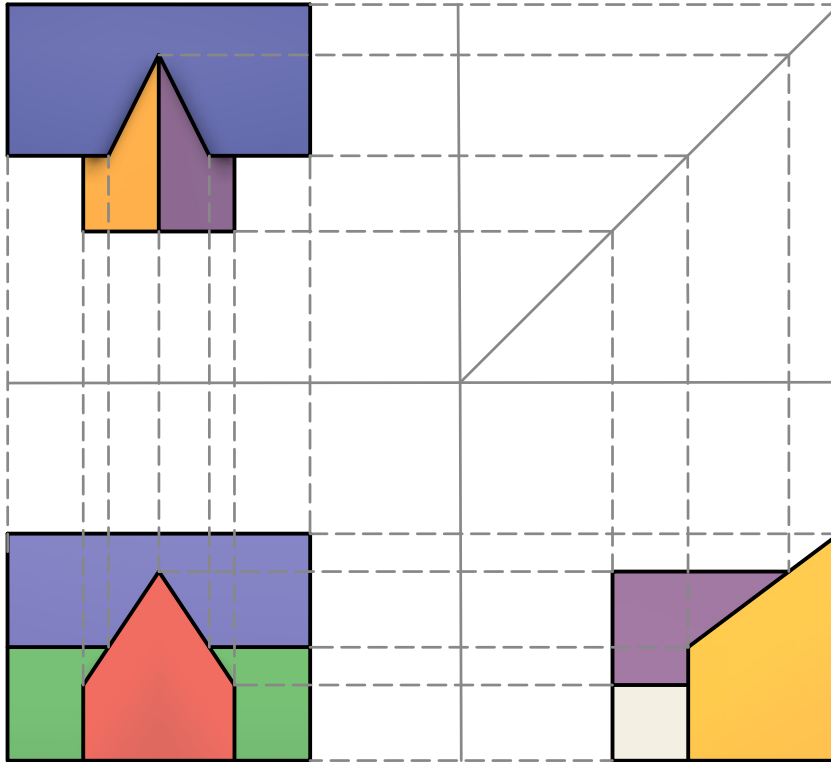
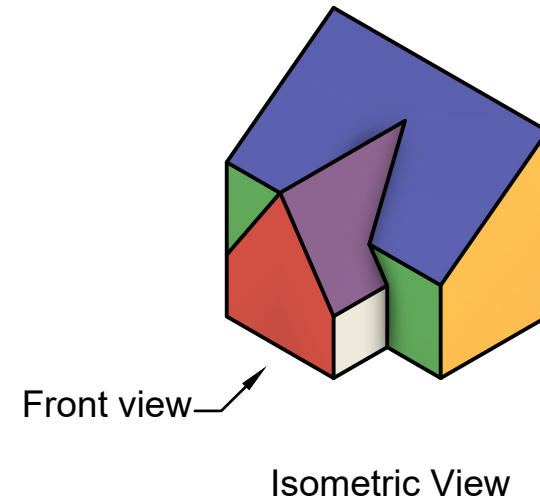


Top view



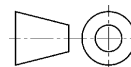
Front view

Right Side view

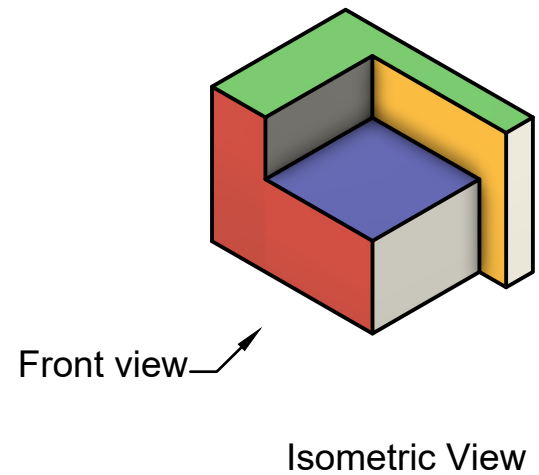
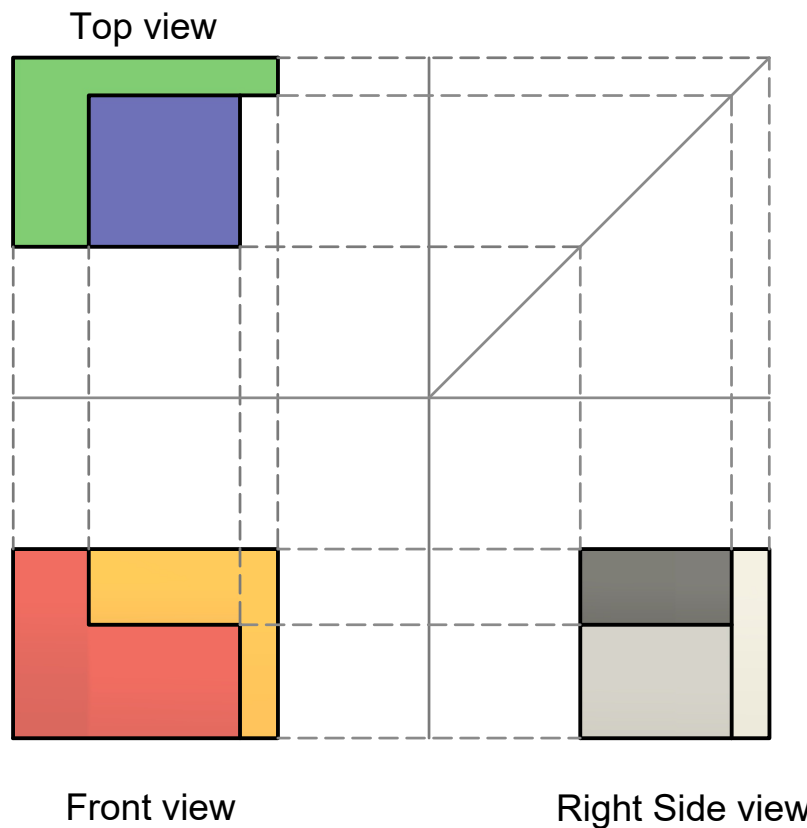


Isometric View

Document type	Orthographic Projection		Dept.	
Title	Piece ____		Name	
			Class	
			Date	
			Sheet	1



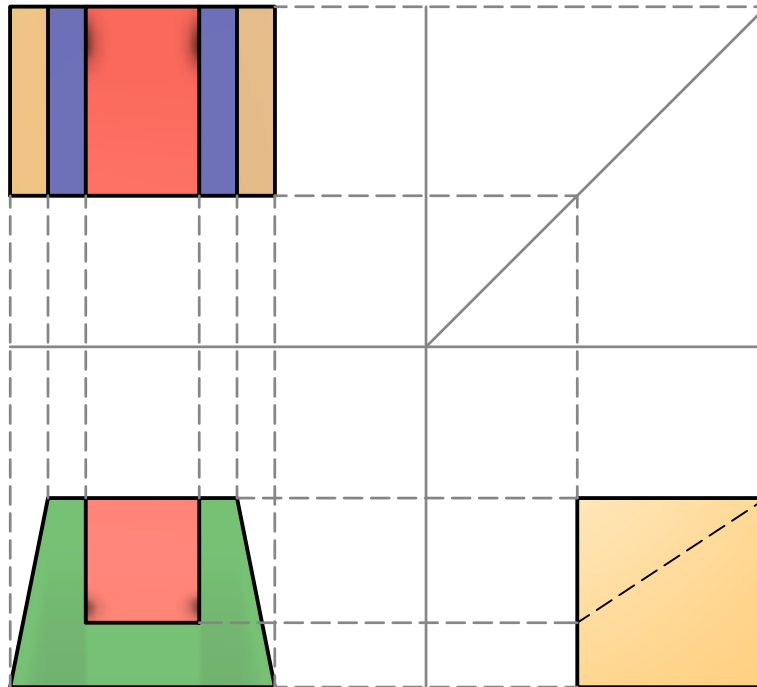
Third Angle



Document type Orthographic Projection	Dept.	
Title Piece ____	Name	
	Class	
	Date	Sheet 2

Third Angle

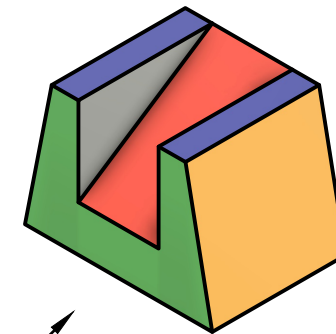
Top view



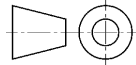
Front view

Right Side view

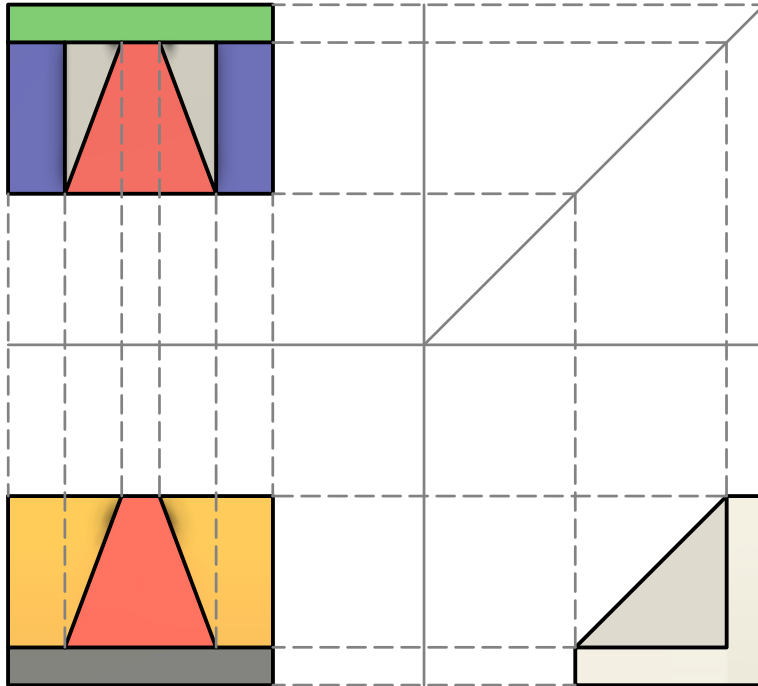
Front view



Isometric View

Document type Orthographic Projection		Dept.	
Title Piece ____		Name	
 Third Angle		Class	
		Date	Sheet 3

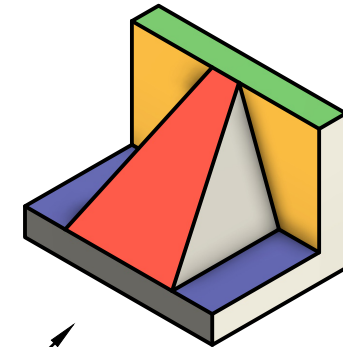
Top view



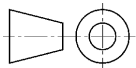
Front view

Right Side view

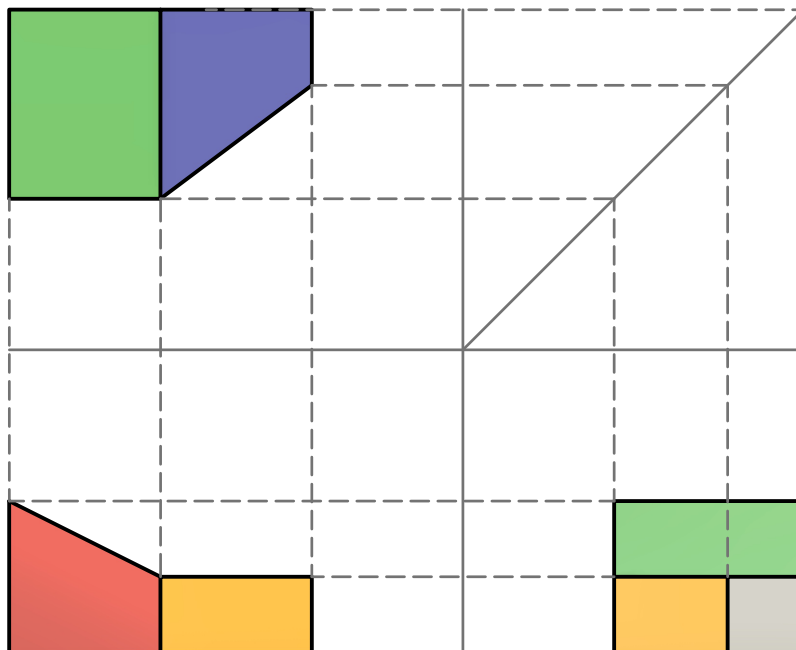
Front view



Isometric View

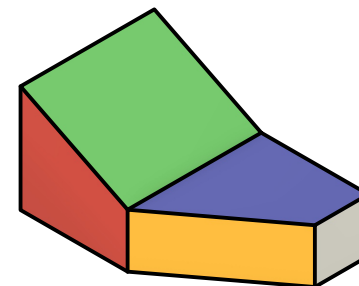
Document type Orthographic Projection	Dept.	
Title Piece ____	Name	
 Third Angle	Class	
	Date	Sheet 4

Top view



Front view

Right Side view



Front view

Isometric View

Document type Orthographic Projection		Dept.	
Title Piece ____		Name	
		Class	
Third Angle		Date	Sheet 5