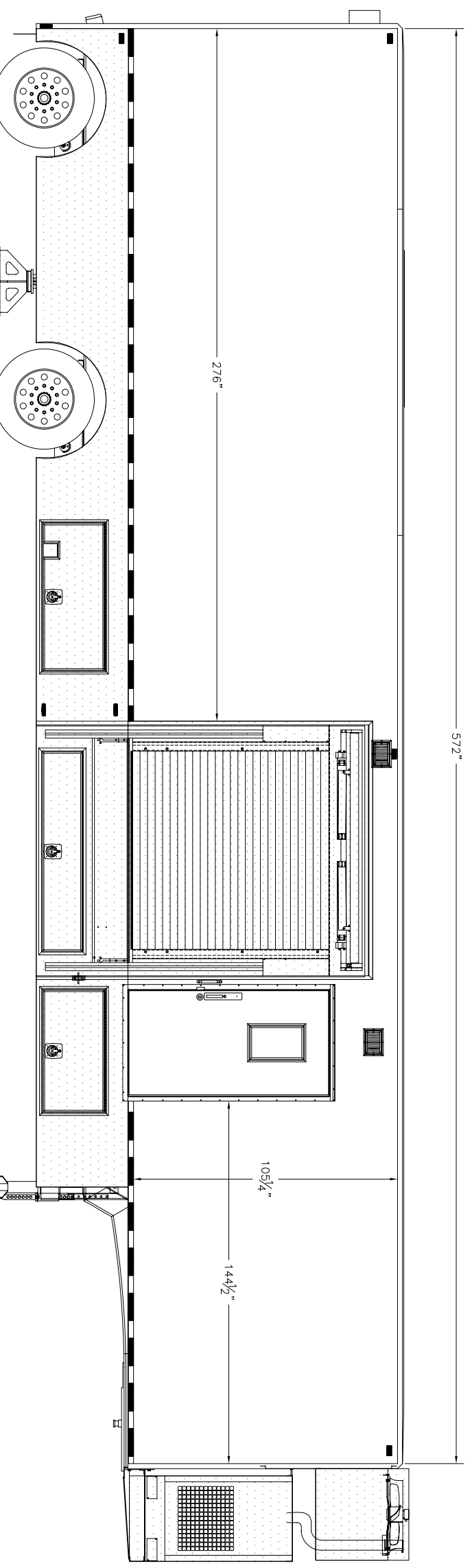
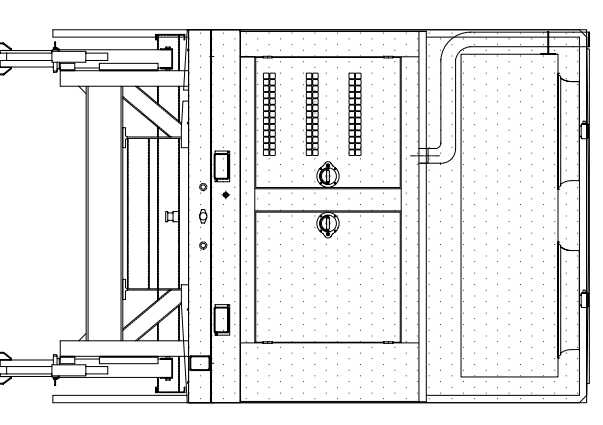


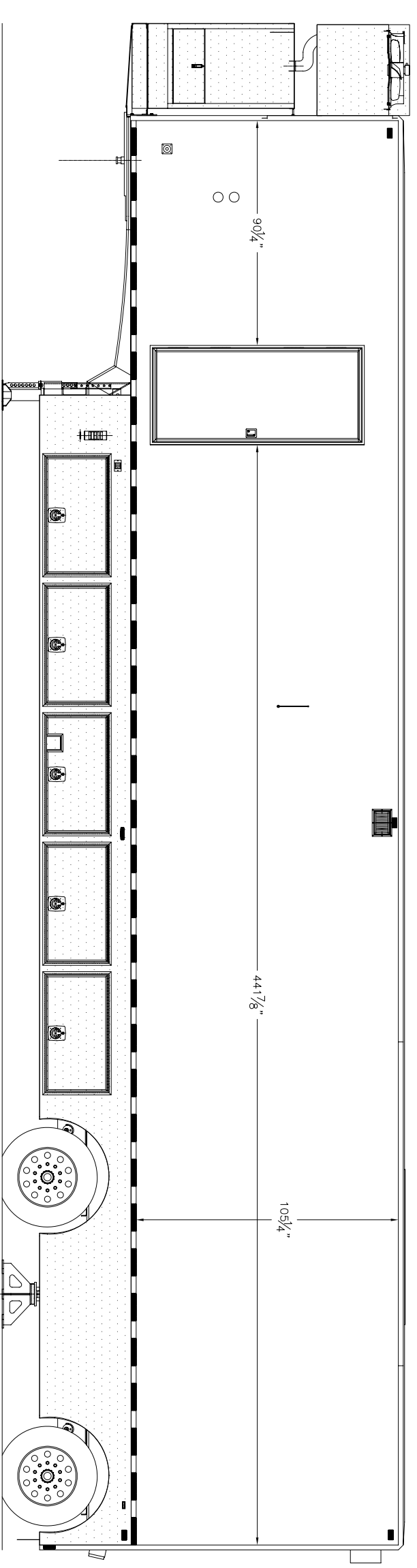
REV.		REV. DATE	CHK. BY	CHK. DATE	ENG.	REVISIONS	DESCRIPTION
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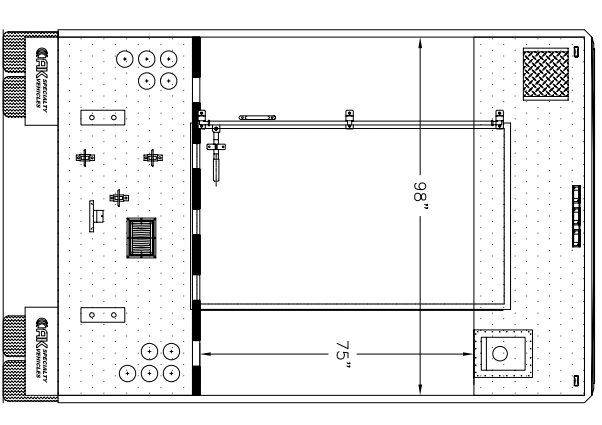
RIGHT SIDE EXTERIOR ELEVATION



FRONT WALL EXTERIOR ELEVATION

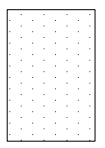


LEFT SIDE EXTERIOR ELEVATION



REAR WALL EXTERIOR ELEVATION

NOTE: DOT REQUIRED SAFETY DECALS AND MEDICAL EQUIPMENT SAFETY DECALS MUST NOT BE COVERED BY GRAPHICS



NO GRAPHICS AREA

COMPANY NAME: _____
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SHEET NUMBER: 1 OF 1
 JOB#

REFERENCE DRAWING: TITLE: GRAPHICS LAYOUT
 SIEMENS MEDICAL VAN/TO MRI
 8'-0" X 13'-6" X 49'-0" TRAILER

DATE: 03FEB06 SCALE: 1/2"=1'-0"
 DRAWN BY: _____
 CHECKED BY: _____
 DRAWING NUMBER: 10264-A29

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