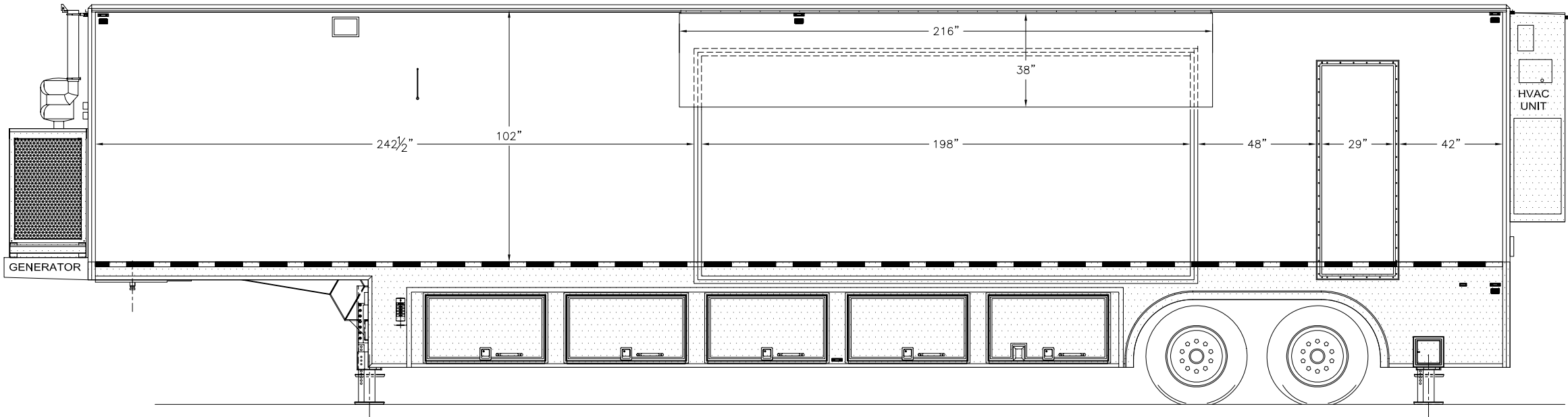
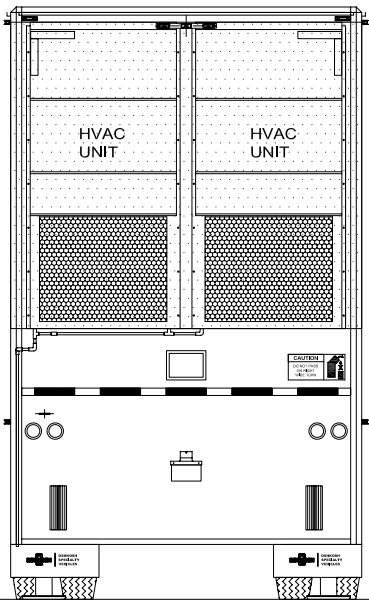


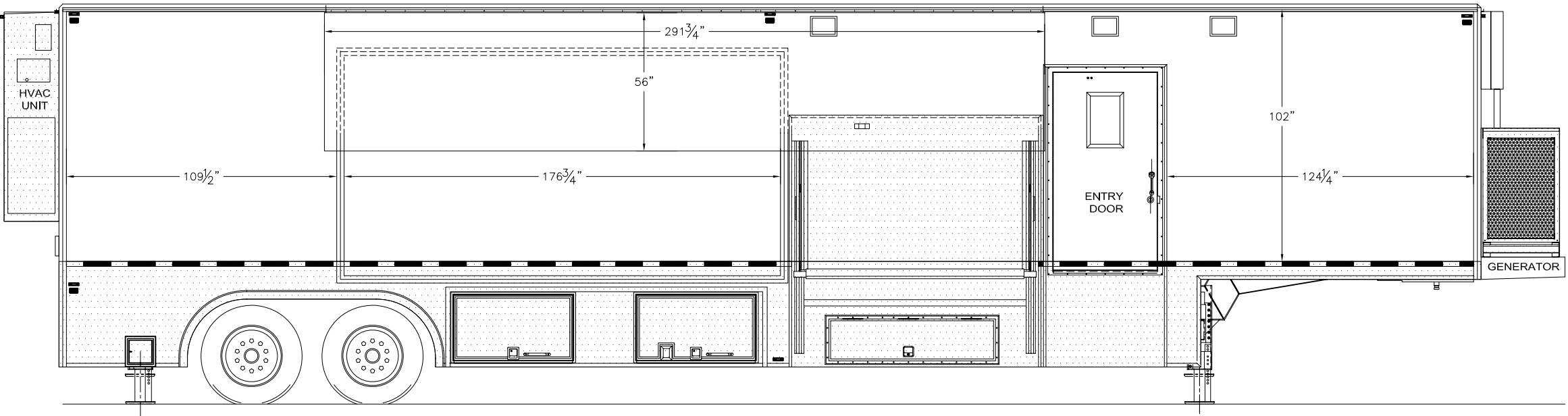
REVISIONS					DESCRIPTION
REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	
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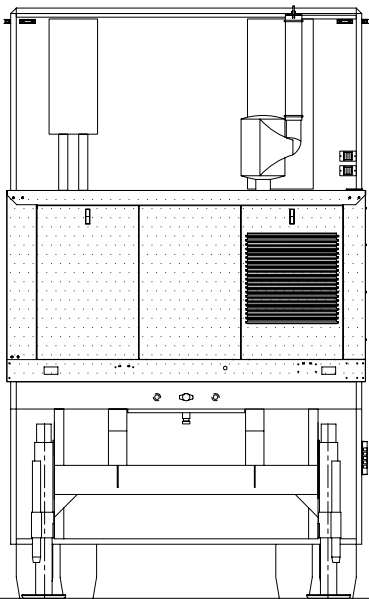
LEFT SIDE ELEVATION



REAR VIEW ELEVATION



RIGHT SIDE ELEVATION



FRONT VIEW ELEVATION

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

NO GRAPHICS

CUSTOMER AUTHORIZATION		
COMPANY NAME:		
NAME (PRINT):	TITLE:	
SIGNATURE:	DATE:	

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SHEET NUMBER: 1 OF 1	REFERENCE DRAWING:	TITLE: GRAPHICS LAYOUT GE ADVANTX CATH LAB 8'-3" X 13'-6" X 48'-0" TRAILER	DATE: 09FEB07
JOB#	OSHKOSH SPECIALTY VEHICLES	16745 S. LATHROP AVENUE HARVEY, IL, 60426 PHONE: (708) 596-5066 FAX: (708) 596-2480	SCALE: 1/2"=1'-0"
		CHECKED BY: DRAWING NUMBER: 10109-A29	