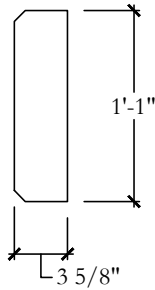


RETURN
PROFILE

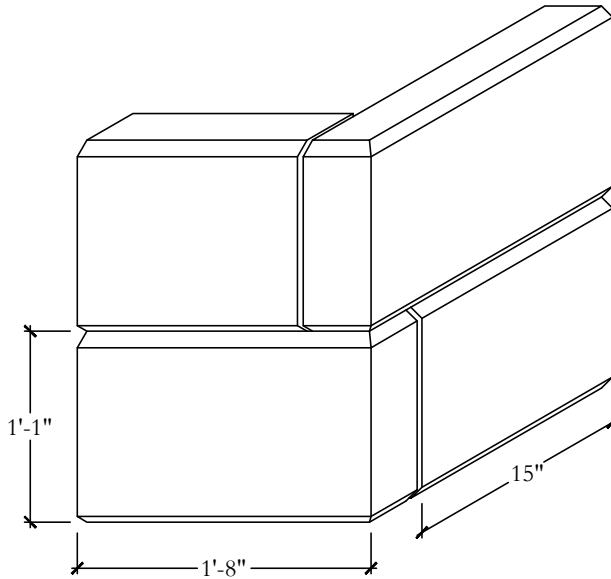


FACE
PROFILE

COLOR: _____

QUANTITY: _____

CCS TOLERANCE: ±.125



ISOMETRIC

Q5B (BEVELED STRAIGHT)

SCALE: 1"=1'

SHOP DRAWING(S) STATUS (CHECK ONE)

RESUBMIT FOR APPROVAL:

APPROVED W/ MODIFICATIONS:

APPROVED

SIGNATURE

DATE

PRINTED NAME

SHOP USE ONLY	
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. _____