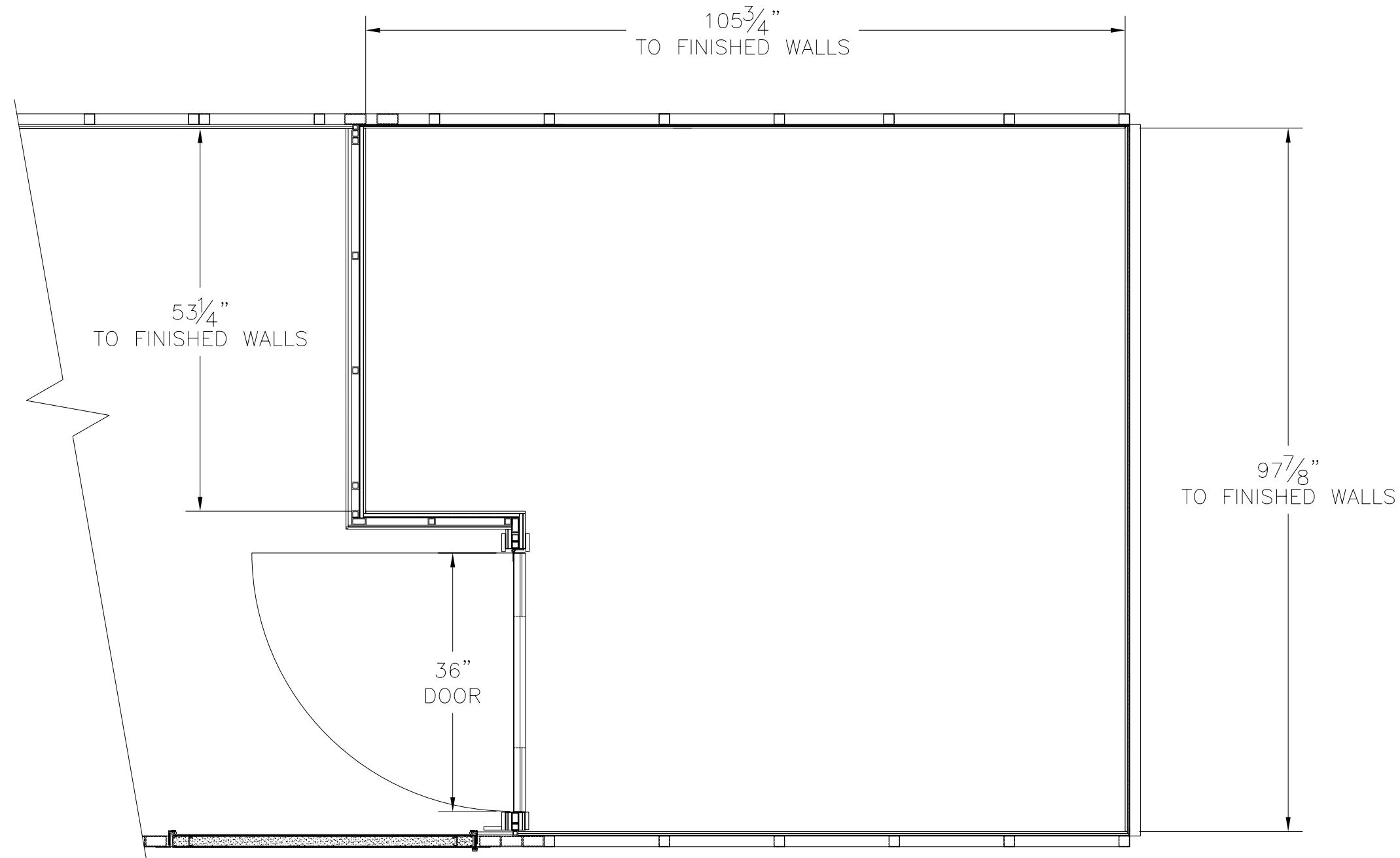


REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	REVISIONS	DESCRIPTION
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CUSTOMER AUTHORIZATION	
COMPANY NAME:	
NAME (PRINT):	TITLE:
SIGNATURE:	DATE:

ITEM	QTY	PART NUMBER	DESCRIPTION
BILL OF MATERIALS			
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SHEET NUMBER:	REFERENCE DRAWING/TITLE:	DISPENSING LAB (EMPTY ROOM) GE MEDICAL SYSTEMS DISCOVERY ST PET/CT 8'-6" x 13'-6" x 48'-0" TRAILER	DATE: 13FEB07 SCALE: 1 1/2" = 1' DRAWN BY: JL
JOB#			CHECKED BY: _____ DRAWING NUMBER: SALES LAYOUT
		6745 S. LATHROP AVENUE HARVEY, IL 60426 PHONE: (708) 596-5066 FAX: (708) 596-2480	