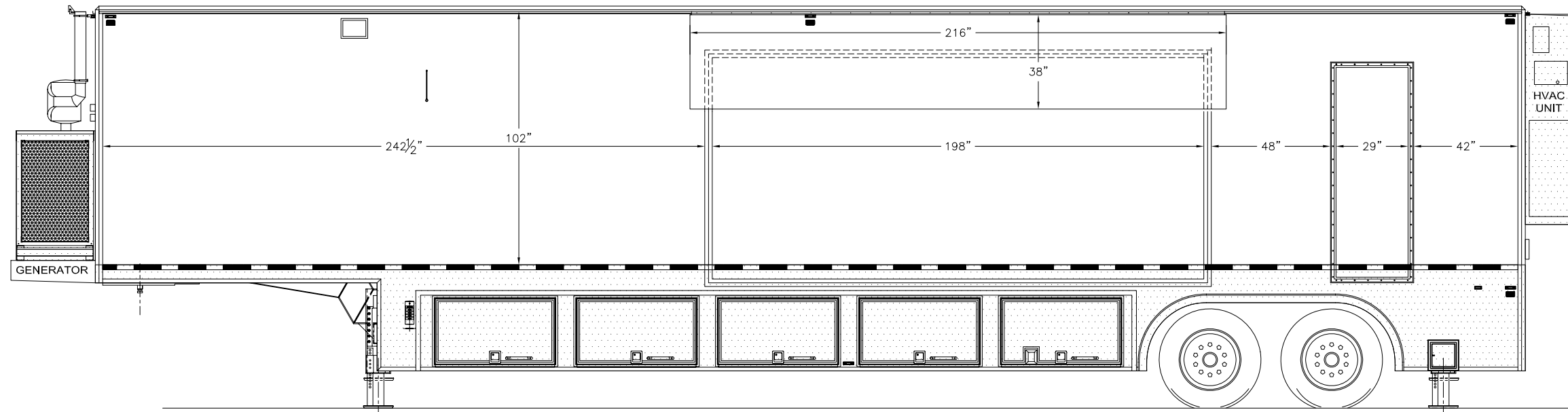
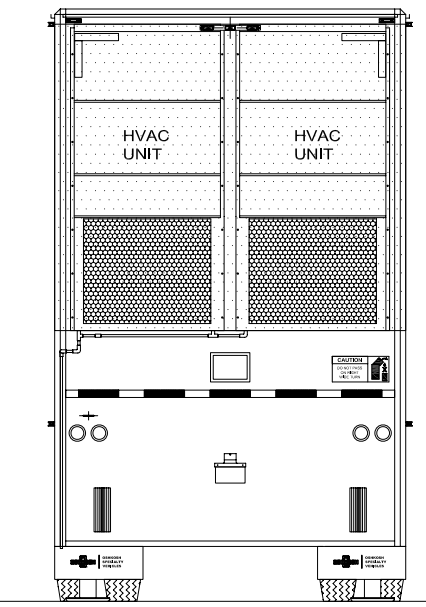


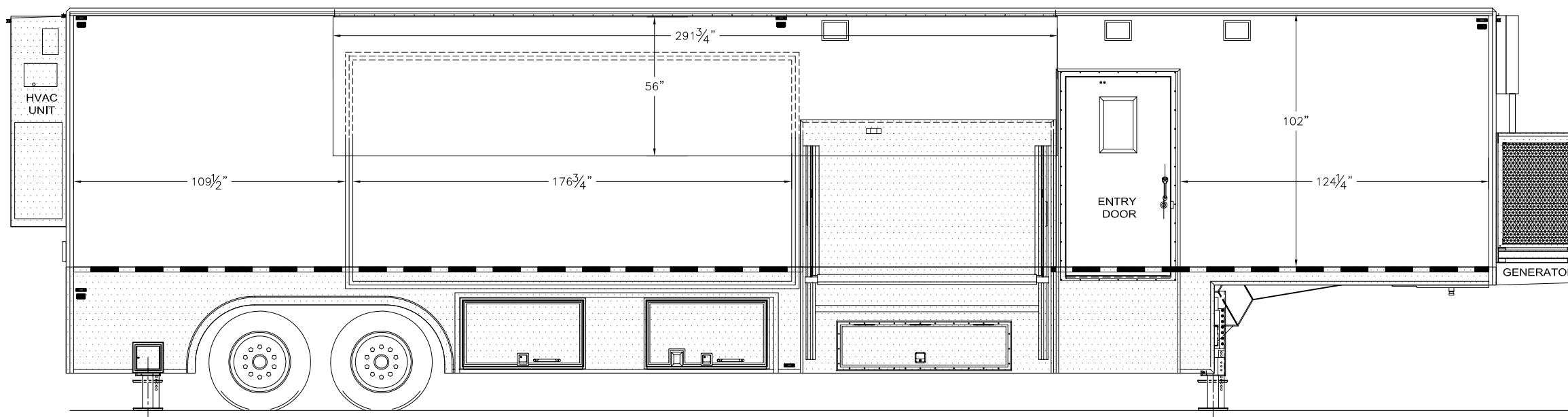
REVISIONS					DESCRIPTION
REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	
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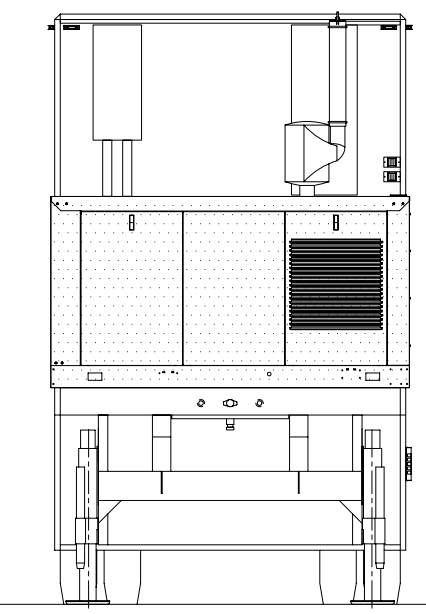
**LEFT SIDE ELEVATION**



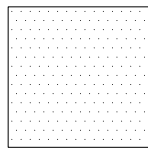
**REAR VIEW ELEVATION**



**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 INNOVA CATH LAB 8'-3" X 13'-6" X 48'-0" TRAILER	DATE: 09FEB07	SCALE: 1/2"=1'-0"
JOB#	<b>OSHKOSH SPECIALTY VEHICLES</b>		16745 S. LATHROP AVENUE HARVEY, IL, 60426 PHONE: (708) 596-5066 FAX: (708) 596-2480	
			CHECKED BY: 	DRAWING NUMBER: 10225-A29