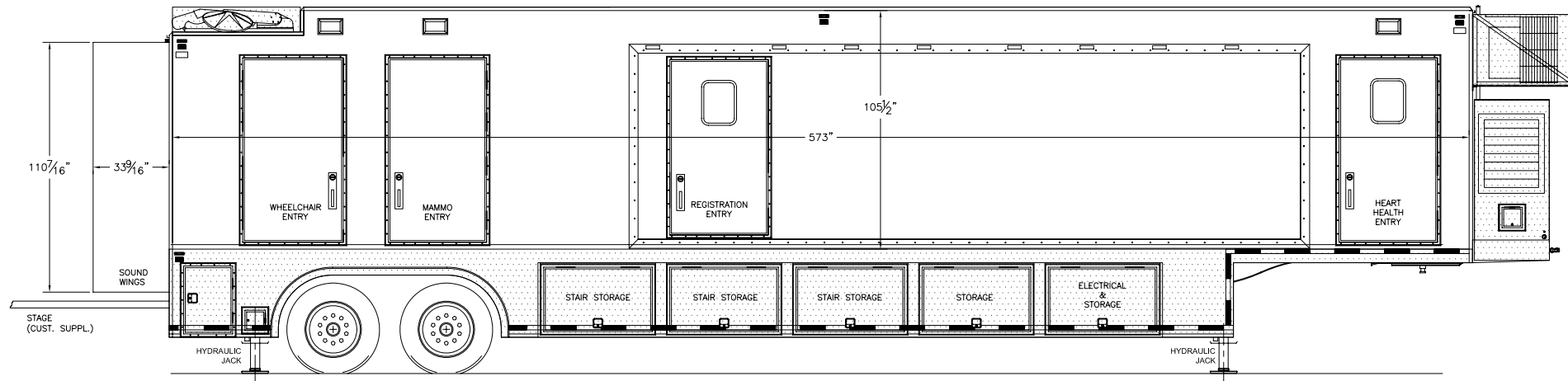
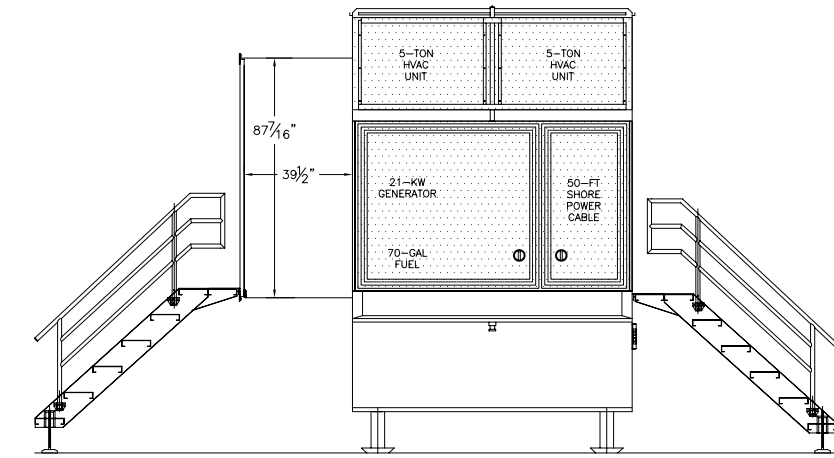


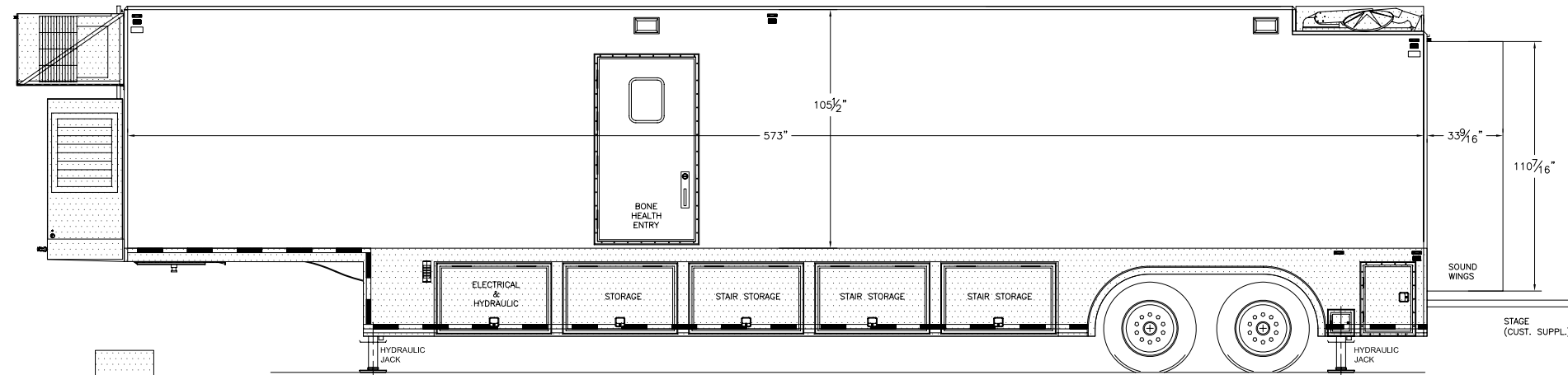
REVISIONS					DESCRIPTION
REV.	REV. DATE	CHK. BY	CHK. DATE	ENG.	
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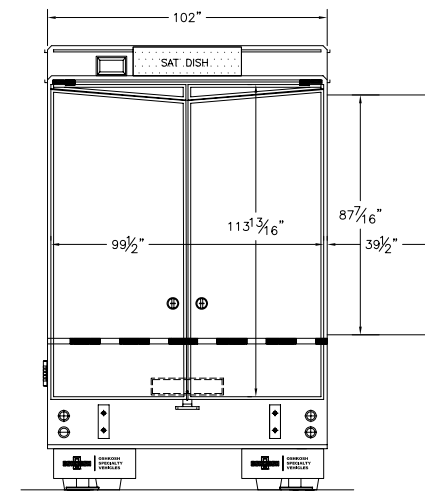
*ELEVATION VIEW  
RIGHT SIDE  
EXTERIOR*



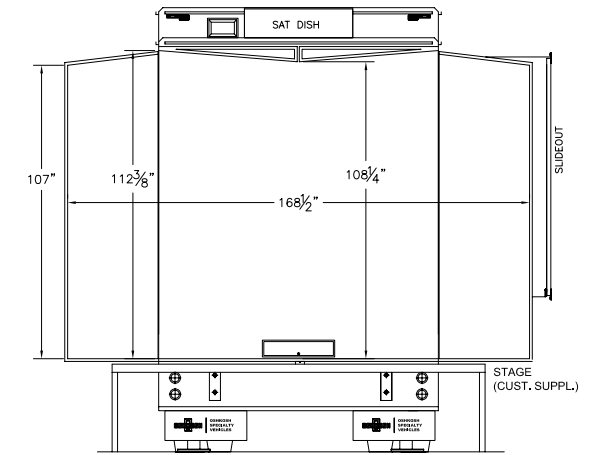
*ELEVATION VIEW  
FRONT*



*ELEVATION VIEW  
LEFT SIDE  
EXTERIOR*



*ELEVATION VIEW  
REAR  
SOUND WINGS CLOSED*



*ELEVATION VIEW  
REAR  
SOUND WINGS OPEN*

NO GRAPHICS

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

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

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SHEET NUMBER: 1 OF 1	REFERENCE DRAWING:	TITLE: GRAPHICS LAYOUT MOVING EXPERIENCES HEALTH UNIT 8'-6" X 13'-6" X 48'-0" TRAILER	DATE: 26FEB07	SCALE: 1/2"=1'-0"
JOB#		<b>OSHKOSH</b> <b>SPECIALTY</b> <b>VEHICLES</b>	16745 S. LATHROP AVENUE HARVEY, IL, 60426 PHONE: (708) 596-5066 FAX: (708) 596-2480	CHECKED BY:  DRAWING NUMBER: 10240-A29