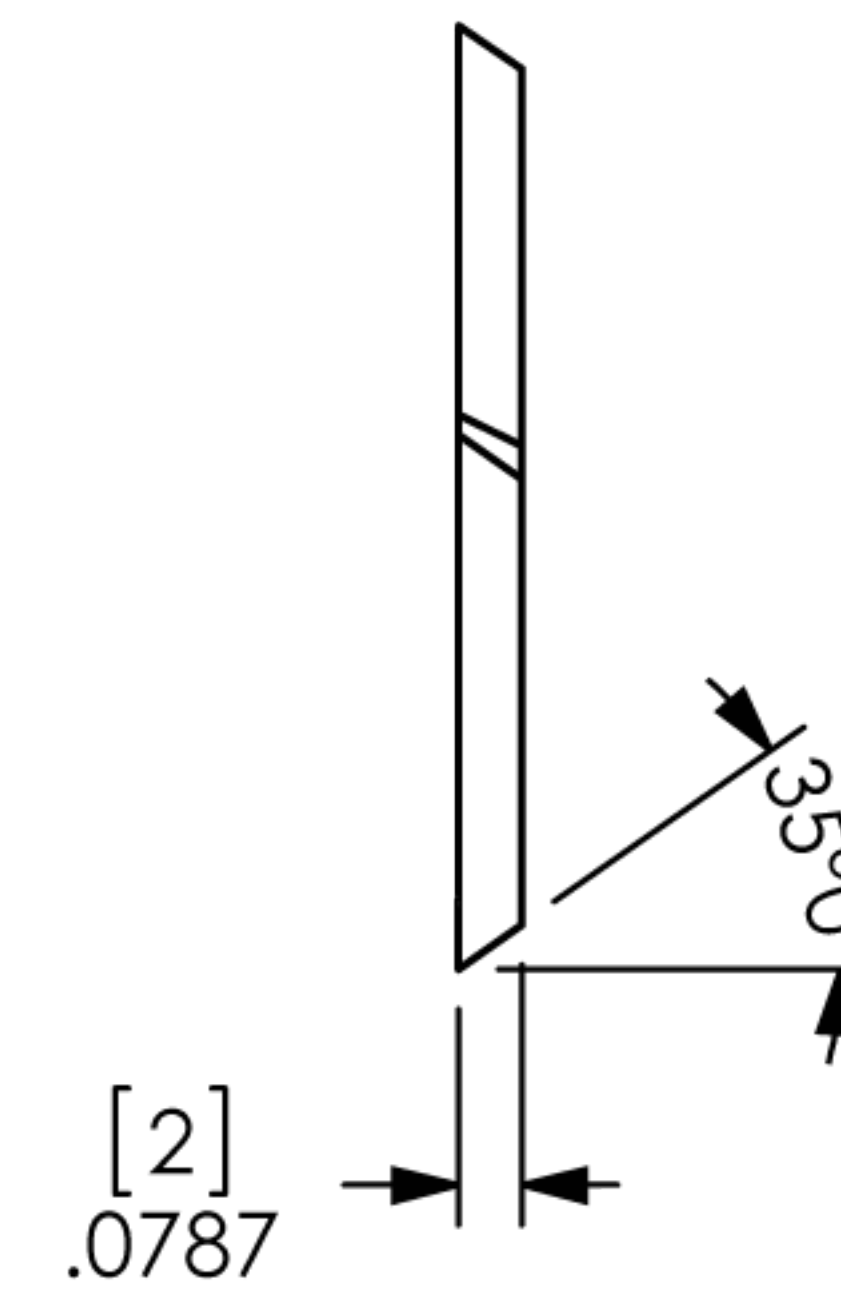
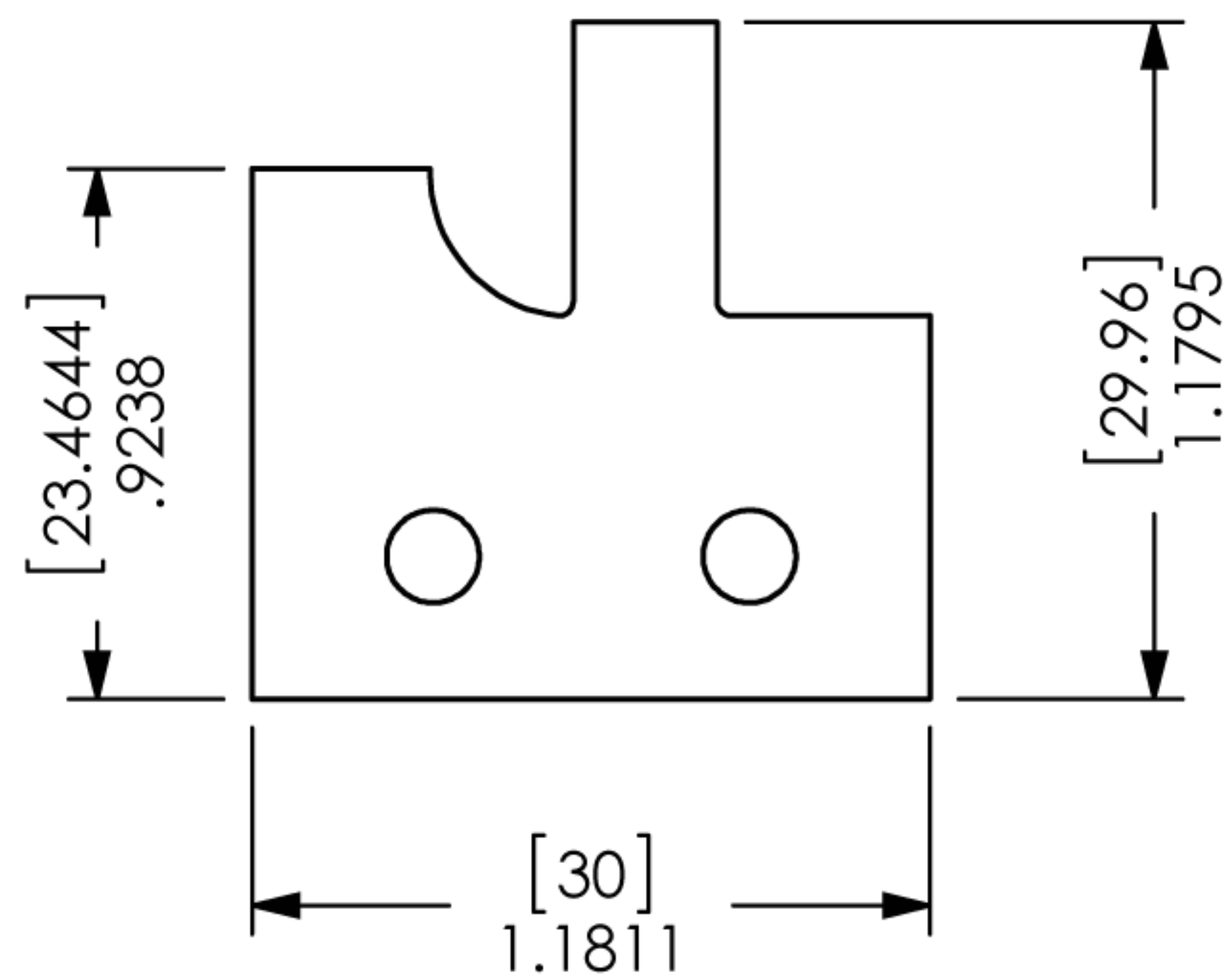


TEETH: N/A
HOOK: N/A
SHEAR: N/A
TIPS: INSERT
PA: N/A



PLEASE INDICATE WHICH SIDE THE INSERT LOCATES ON.

CUSTOMER: HALL MANUFACTURING

ATTN: _____ DATE: _____ PO#: _____

CUSTOM TOOLING MUST HAVE CUSTOMER APPROVAL PRIOR TO THE START OF MANUFACTURING. PLEASE REVIEW THIS DRAWING FOR ACCURACY, INCLUDING ROTATION, AND FAX A SIGNED AND DATED COPY TO 740-498-5454. PRODUCTION WILL BEGIN UPON RECEIPT OF APPROVED DRAWING.

APPROVED BY: _____ DATE: _____

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DATE:
3/15/14

DWN BY:
R.W.B.

REV.

SHEET 1 OF 3



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