



(UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN MILLIMETERS UNLESS NOTED OTHERWISE)				TITLE:		DO NOT SCALE DRAWING		REVISION:	
NAME:		SIGNATURE:		DATE:		SCALE:		SHEET:	
DRAWN:		CHECKED:		APPROVED:		TITLE:		A:	
MFG:		NATURAL:		CDS:		HDI-45 Drawing		AQ	
C.A.		MEDIC:		SCALE:		SHEET:		OF:	
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