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|             | 1   | 2    | 3                          | 4               | 5              |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
| A           |   |      |                            |                 |                |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
| B           |   |      |                            |                 |                |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
| C           |   |      |                            |                 |                |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
| D           | <table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>Pos.</td><td>Qty.</td><td>Unit</td><td>Titel</td><td>Doc. number</td><td>Comment</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3"></td><td></td><td></td><td></td></tr><tr><td colspan="3">Created by</td><td>Valid from to</td><td colspan="2">Document state</td></tr><tr><td colspan="3">Approved by</td><td>Projekt</td><td colspan="2">Document type</td></tr><tr><td colspan="3">Legal owner</td><td>Titel, Supplementary titel</td><td colspan="2">Document number</td></tr><tr><td></td><td></td><td></td><td></td><td>Rev.</td><td>Date of issue</td></tr><tr><td></td><td></td><td></td><td></td><td>Lang.</td><td>Sheet</td></tr></table> |      |                            |                 |                | 1       | 2 | 3 | 4 | 5 | 6 | Pos. | Qty. | Unit | Titel | Doc. number | Comment |  |  |  |  |  |  |  |  |  |  |  |  | Created by |  |  | Valid from to | Document state |  | Approved by |  |  | Projekt | Document type |  | Legal owner |  |  | Titel, Supplementary titel | Document number |  |  |  |  |  | Rev. | Date of issue |  |  |  |  | Lang. | Sheet |
|             | 1   | 2    | 3                          | 4               | 5              | 6       |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
|             | Pos.  | Qty. | Unit                       | Titel           | Doc. number    | Comment |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
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|             | Approved by   |      |                            | Projekt         | Document type  |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
| Legal owner |   |      | Titel, Supplementary titel | Document number |                |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |
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|             |   |      |                            | Lang.           | Sheet          |         |   |   |   |   |   |      |      |      |       |             |         |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |               |                |  |             |  |  |         |               |  |             |  |  |                            |                 |  |  |  |  |  |      |               |  |  |  |  |       |       |