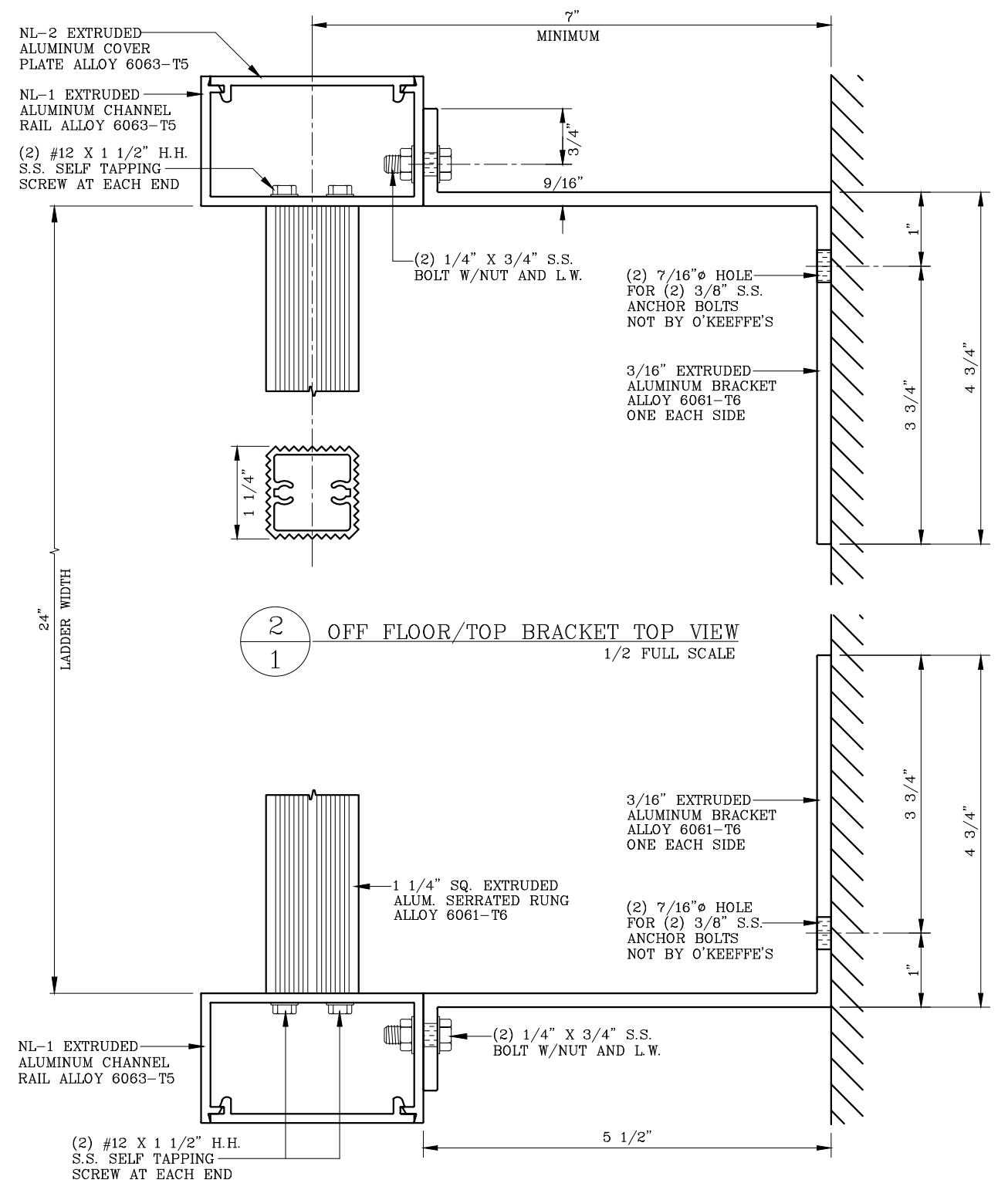


1 OFF FLOOR/TOP BRACKET SIDE VIEW
1 1/2 FULL SCALE



2 OFF FLOOR/TOP BRACKET TOP VIEW
1 1/2 FULL SCALE

DATE	REVISION:	FINISH:	PROJECT: STANDARD BRACKET	SALE NO. ---
			ADDRESS: ---	TM: ---
			CONTRACTOR: ---	PROJECT MANAGER: ---
			CONTACT: ---	DATE: ---
			TEL.: ---	SHEET: 1 OF 1
				DRAWN: ---