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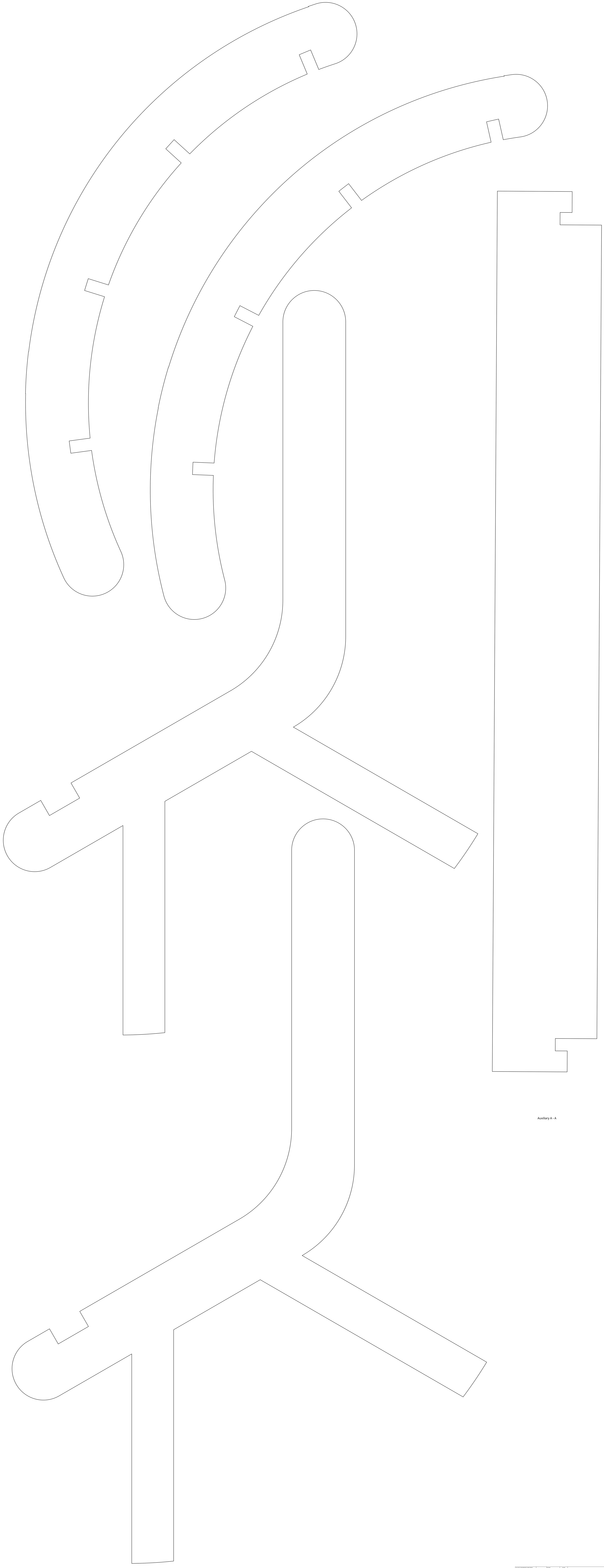
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Auxiliary A-A

| NO. | DESCRIPTION | DATE | BY |
|-----|--------------|------|----|
| 1 | DESIGNED BY | | |
| 2 | CHECKED BY | | |
| 3 | DATE | | |
| 4 | SCALE | | |
| 5 | SHEET NO. | | |
| 6 | TOTAL SHEETS | | |

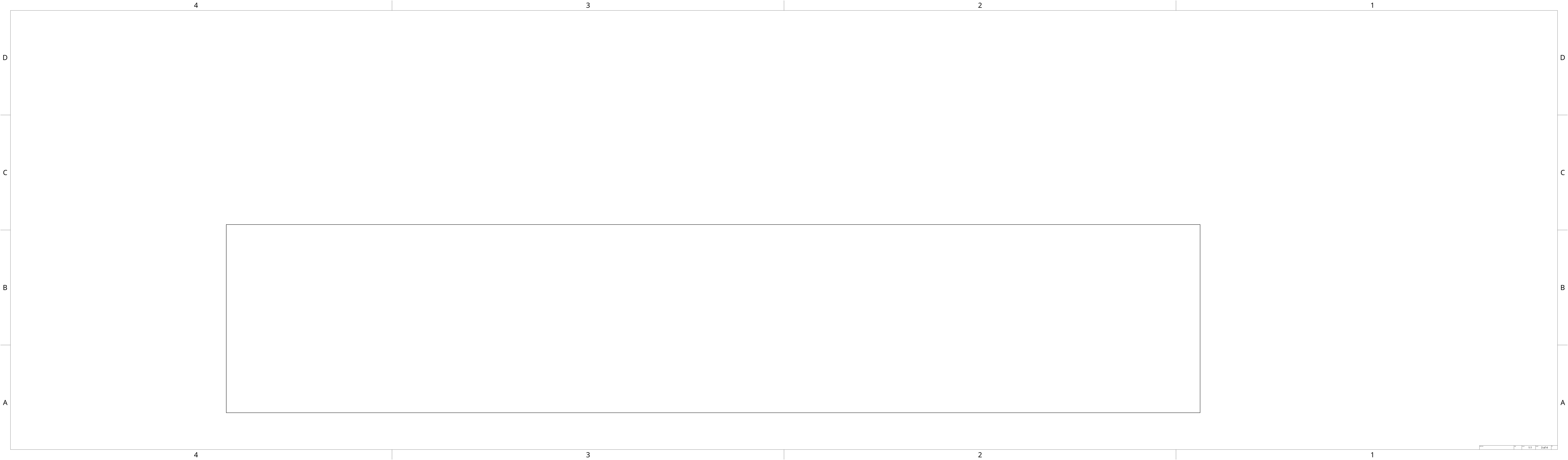
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