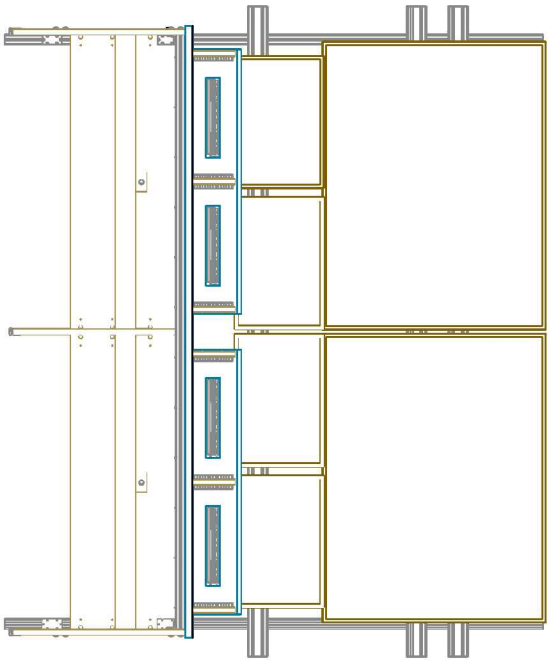

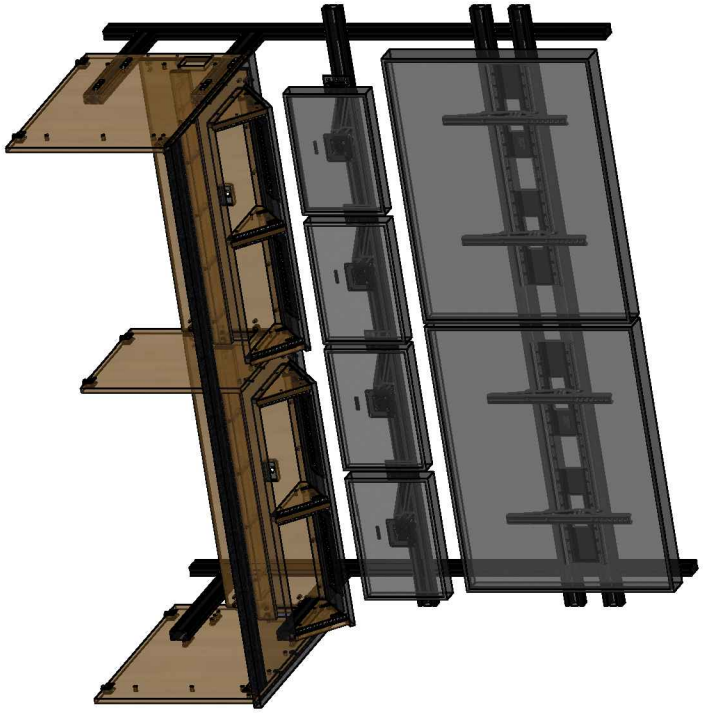

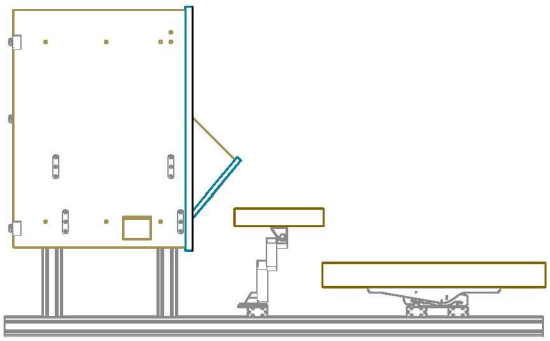

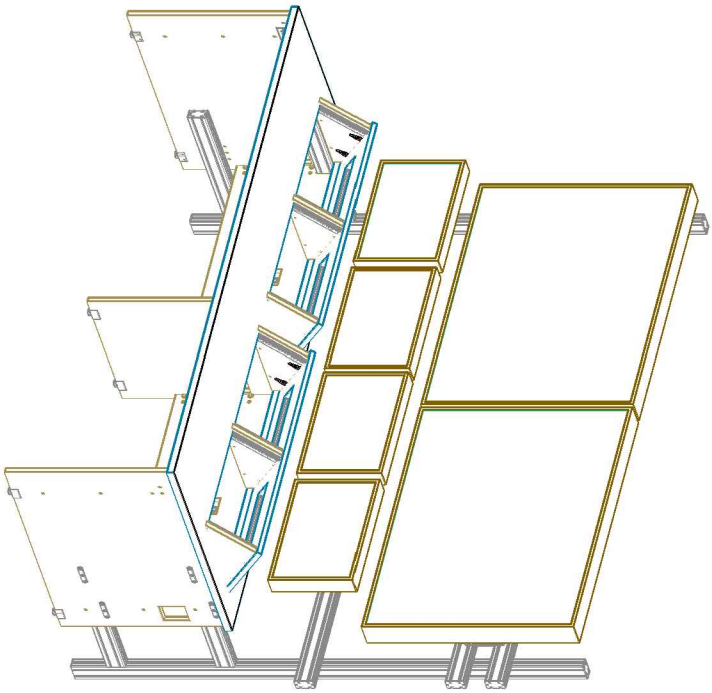

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No.	Date:	By:	Description:
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2			
3			
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REVISIONS:

Project Title: Master Vision

Project Number:

Project Address:

Project Phone: Project Fax:

Project E-Mail:

Contractor:

Sheet Title:

MARKER	MATERIAL DESCRIPTION

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