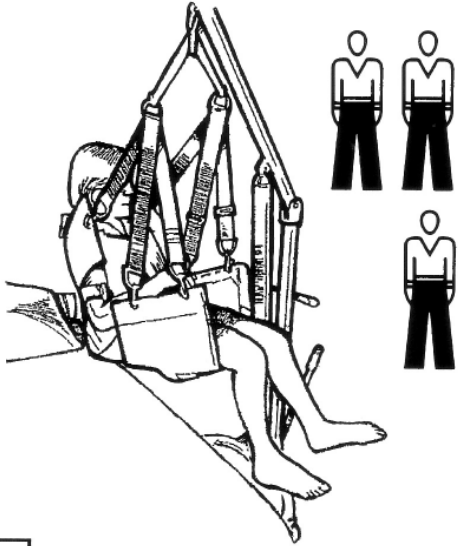


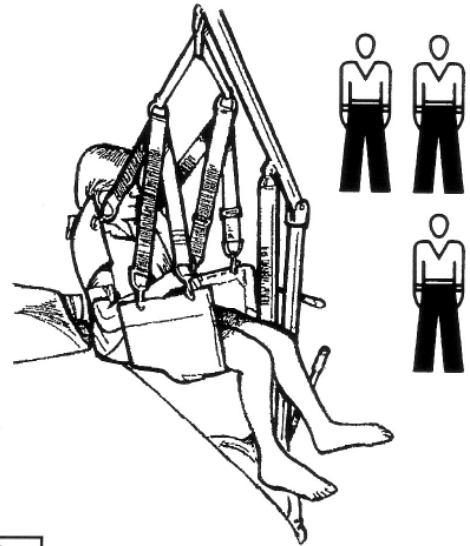
MECHANICAL LIFT



Assessment Date: _____

L-M3

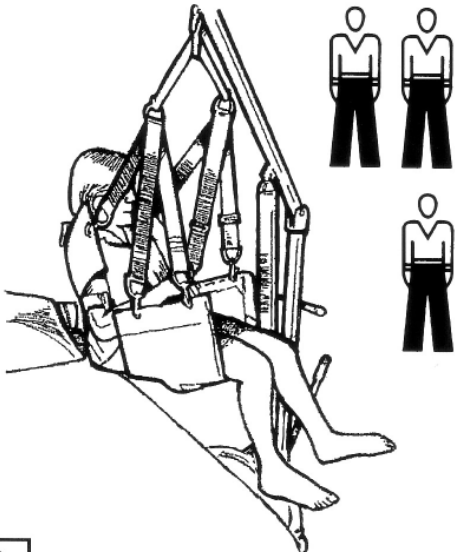
MECHANICAL LIFT



Assessment Date: _____

L-M3

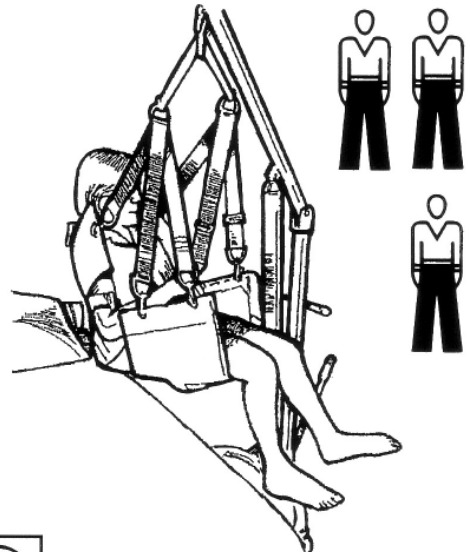
MECHANICAL LIFT



Assessment Date: _____

L-M3

MECHANICAL LIFT



Assessment Date: _____

L-M3