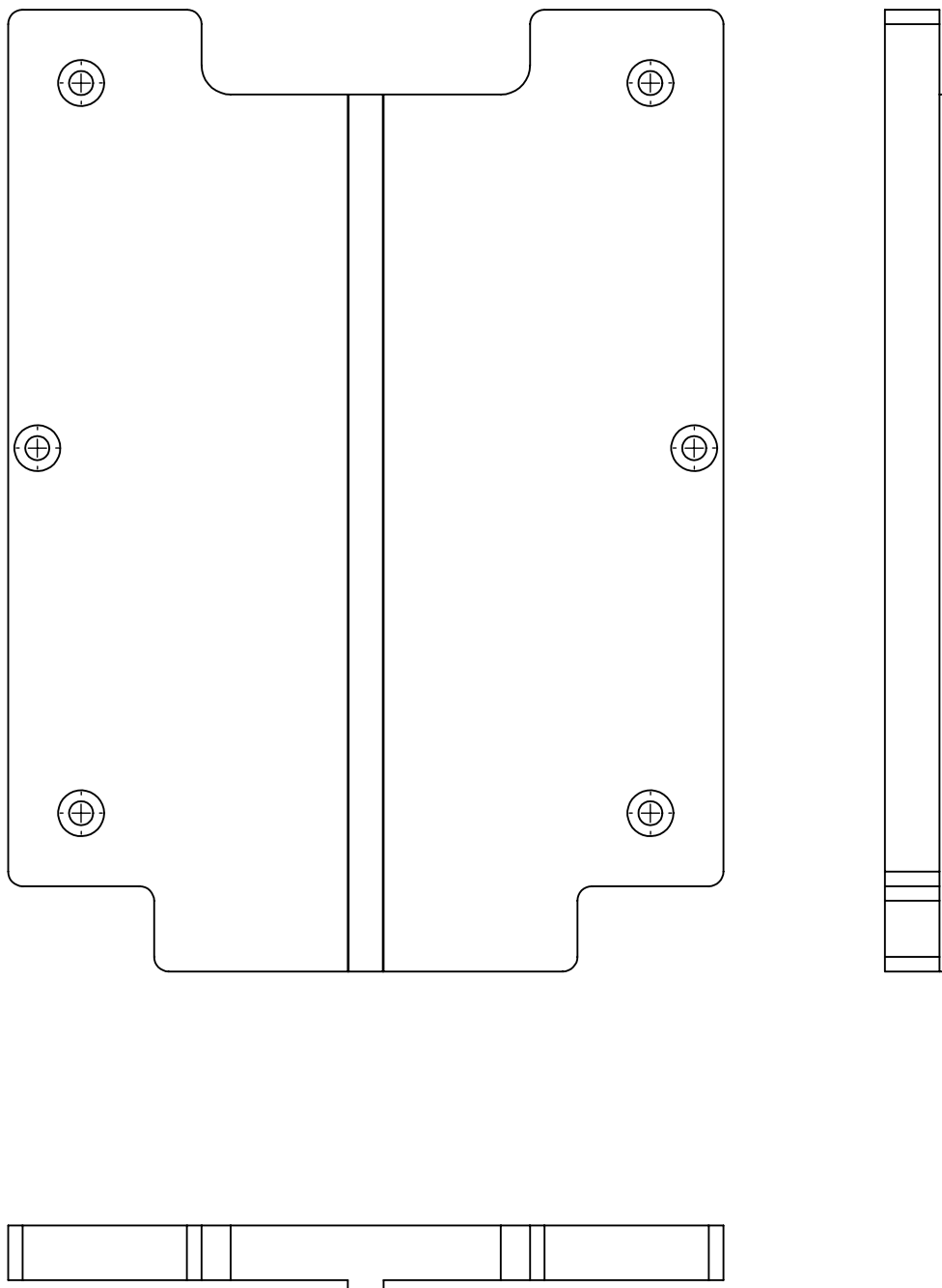




|                                                                                                                             |     |           |      |                           |  |                          |  |                 |  |
|-----------------------------------------------------------------------------------------------------------------------------|-----|-----------|------|---------------------------|--|--------------------------|--|-----------------|--|
| SAUF INDICATION CONTRAIRE:<br>LES COTES SONT EN MILLIMETRES<br>ETAT DE SURFACE:<br>TOLERANCES:<br>LINEAIRES:<br>ANGULAIRES: |     | FINITION: |      | CASSER LES<br>ANGLES VIFS |  | NE PAS CHANGER L'ECHELLE |  | REVISION        |  |
|                                                                                                                             |     |           |      |                           |  |                          |  |                 |  |
|                                                                                                                             | NOM | SIGNATURE | DATE |                           |  | TITRE:                   |  |                 |  |
| AUTEUR                                                                                                                      |     |           |      |                           |  |                          |  |                 |  |
| VERIF.                                                                                                                      |     |           |      |                           |  |                          |  |                 |  |
| APPR.                                                                                                                       |     |           |      |                           |  |                          |  |                 |  |
| FAB.                                                                                                                        |     |           |      |                           |  |                          |  |                 |  |
| QUAL.                                                                                                                       |     |           |      | MATERIAU:                 |  | No. DE PLAN              |  | suport broche   |  |
|                                                                                                                             |     |           |      |                           |  |                          |  | A4              |  |
|                                                                                                                             |     |           |      | MASSE:                    |  | ECHELLE:1:2              |  | FEUILLE 1 SUR 1 |  |