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| | PART NAME | |
| | CORE C/W BRUSH | |
| | SCALE: | INCH |
| FOR BRUSH NO: | DATE: | DR. BY: |
| | X X | |

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|--|-------------|-----------|--------------------|------------|
| | | | | |
| C/O NO. | DATE | BY | CHANGES | NO. |
| CAROLINA BRUSH | | | DRAWING NO. | |
| 3093 NORTHWEST BLVD. P.O. BOX 2469 GASTONIA, N.C. 28053-2469 PHONE 704-867-0286 FAX 704-861-0772 | | | MC- _____ | |
| | | | REV. | |