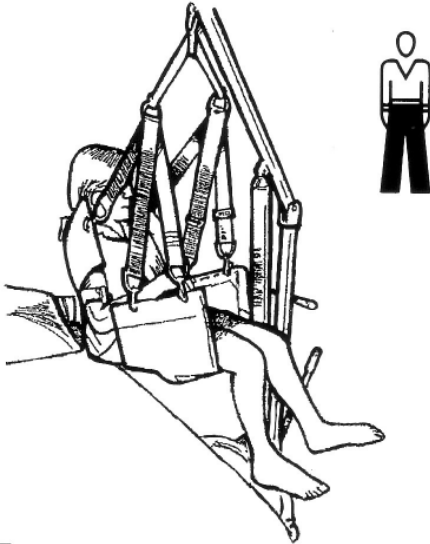


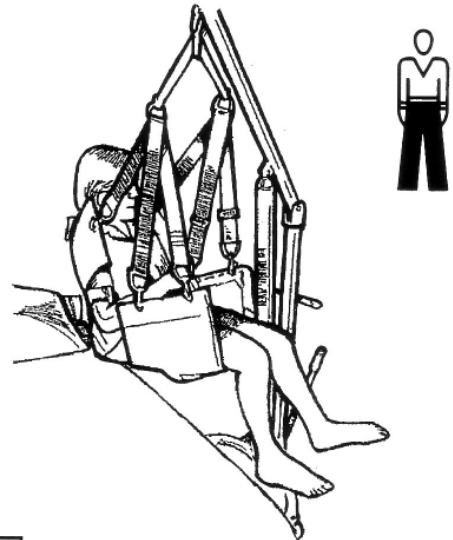
MECHANICAL LIFT



Assessment Date: _____

L-M1

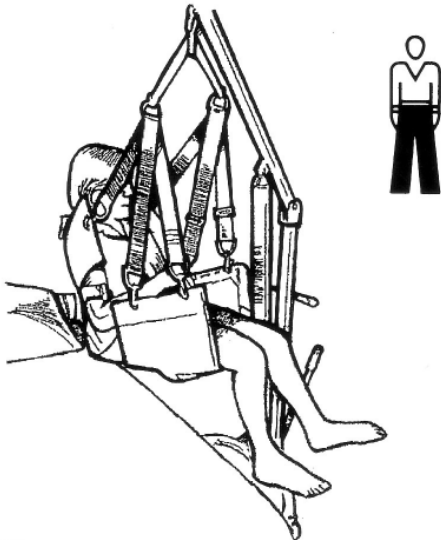
MECHANICAL LIFT



Assessment Date: _____

L-M1

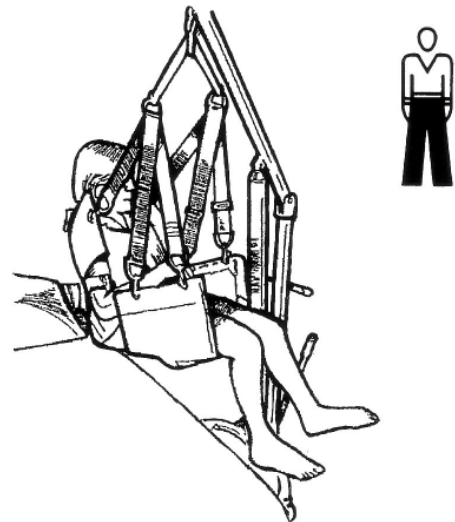
MECHANICAL LIFT



Assessment Date: _____

L-M1

MECHANICAL LIFT



Assessment Date: _____

L-M1