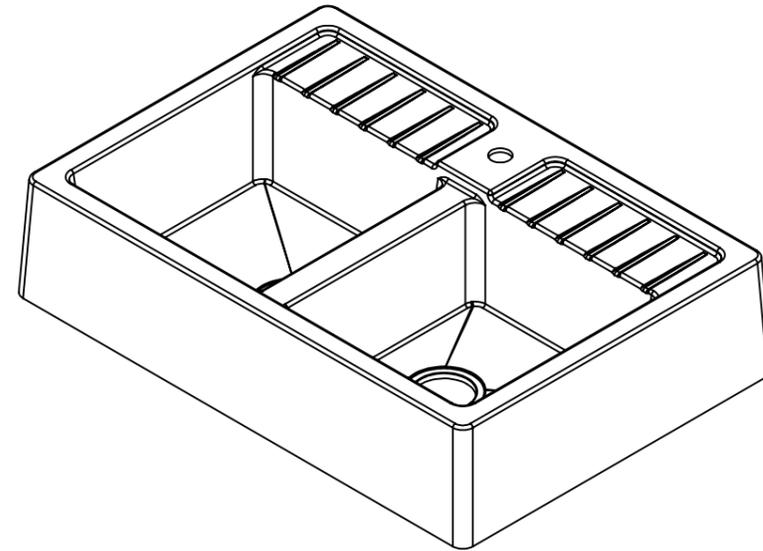
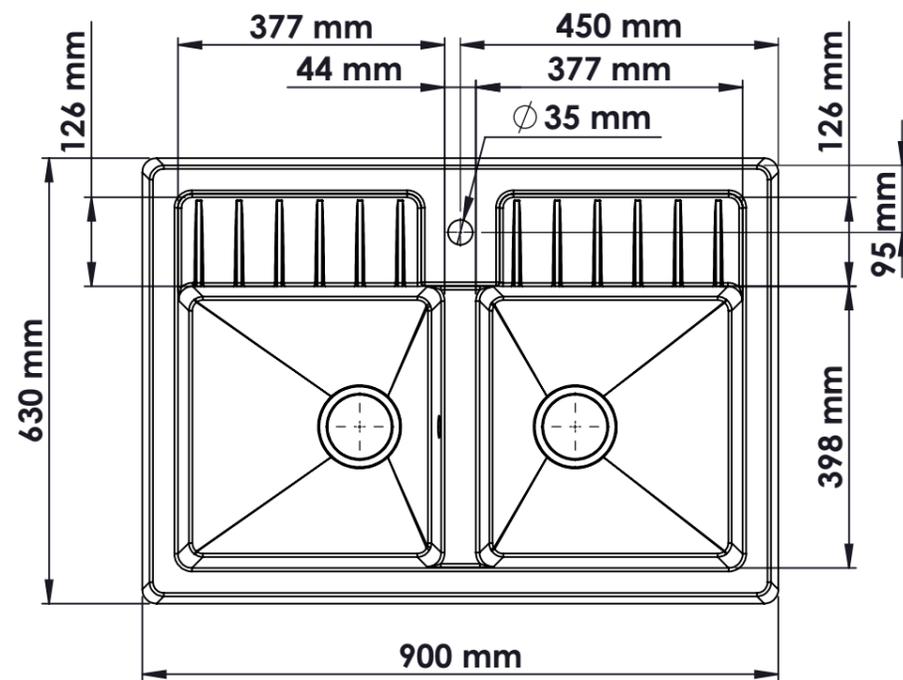


COUPE A-A



Ind	Type de modifications	Nom	Date Modif
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Code Composant:

		Designation: Timbre Office	Ech.: 1:10
		2 bacs	Planche 1/1
		Numéro d'Affaire: _____ N° Rep: _____	Format A3