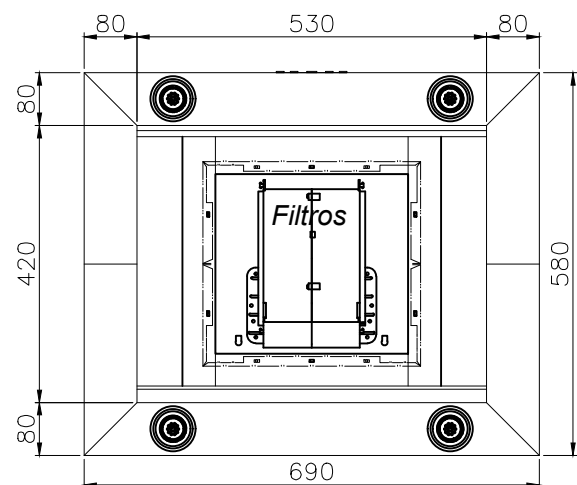
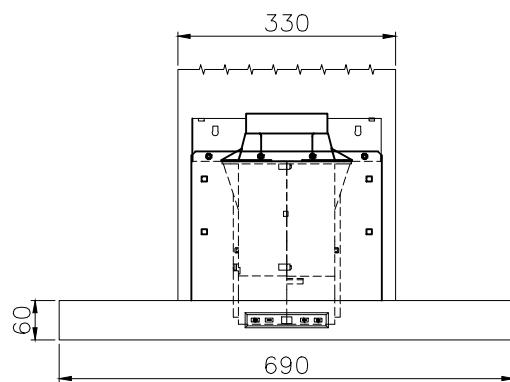
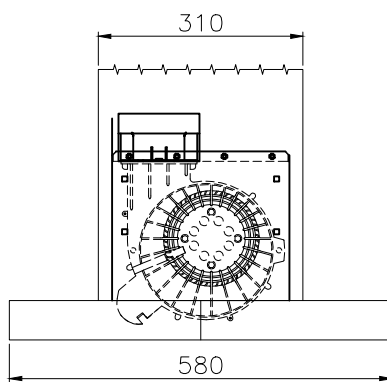




Vista Inferior.



Vista Frontal.



Vista Lateral.

Pé Direito: _____

