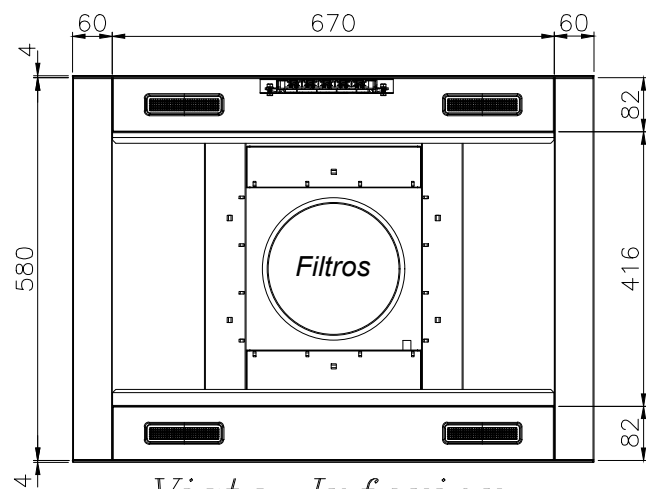
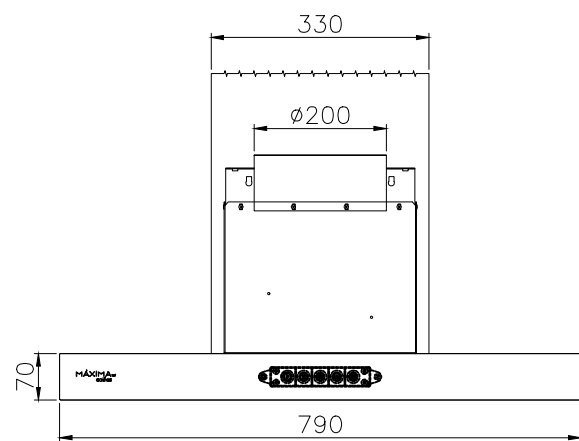


MÁXIMA coifas		Cliente:		Agreg:		NS:		Desenhista:	
		Aprovador:		Data:		Folha: 1/2		Voltagem:	
Revisão: 01	Motor Power								

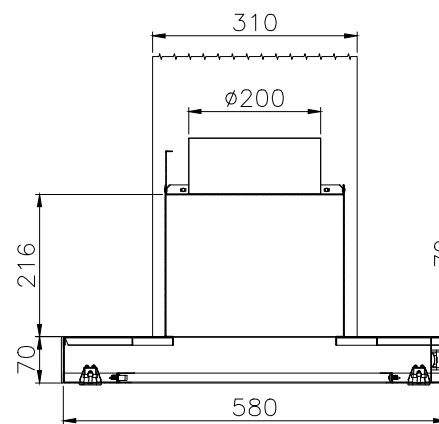


Vista Inferior.

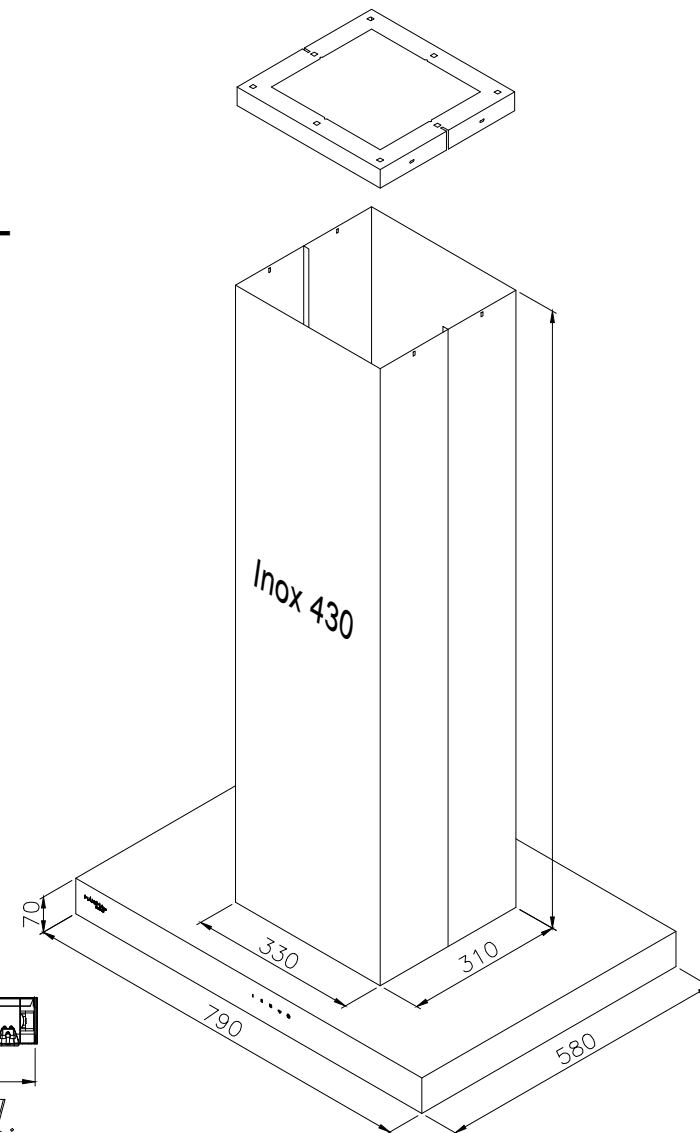


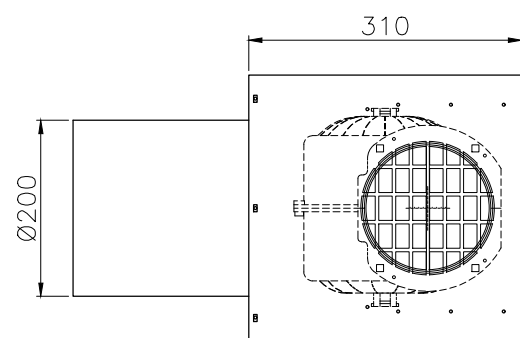
Vista Frontal.

Pé Direito: _____

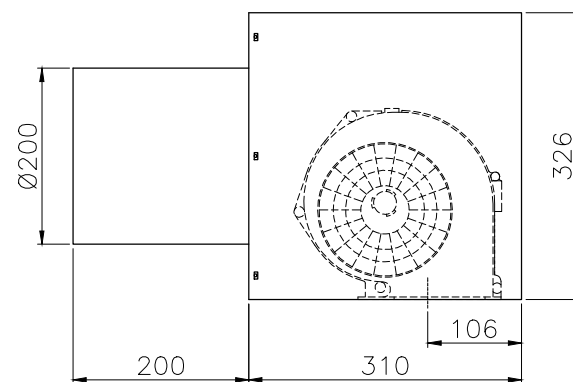
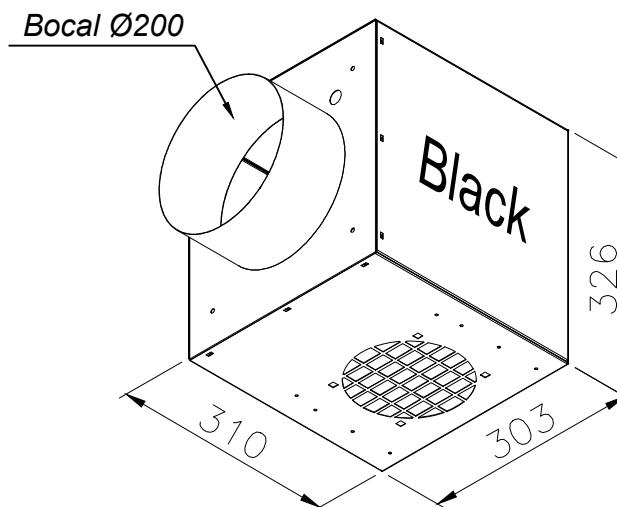


Vista Lateral.

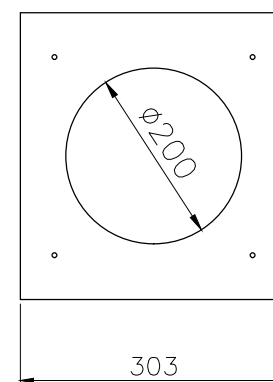




Vista Inferior



Vista Frontal



Vista Lateral Esquerda