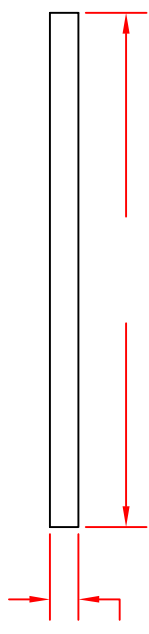
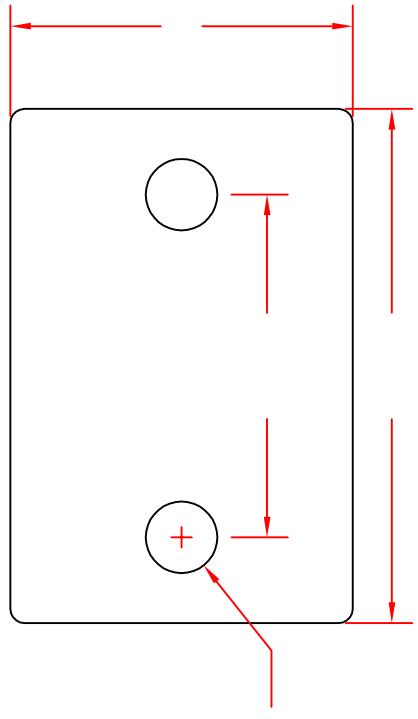


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**SIDE VIEW**




**PLAN VIEW**

**COVER PLATE DETAILS**

|  |                          |
|--|--------------------------|
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |
|  | <input type="checkbox"/> |

**COMMENTS:**

|                |  |
|----------------|--|
| CUSTOMER:      |  |
| PO NUMBER:     |  |
| TOOL ID#       |  |
| QTY:           |  |
| DATE ORDERED:  |  |
| DATE REQUIRED: |  |
| CONTACT:       |  |
| PHONE #:       |  |



**Advanced Seismic Hardware**  
 General Manager: ROB CHRISTIANS  
 5555 North Channel Avenue  
 Build 2 Bay 8  
 Portland, OR 97217  
 (503)546-3848 Fax: (503)274-1806

**COVER PLATE ORDER FORM**