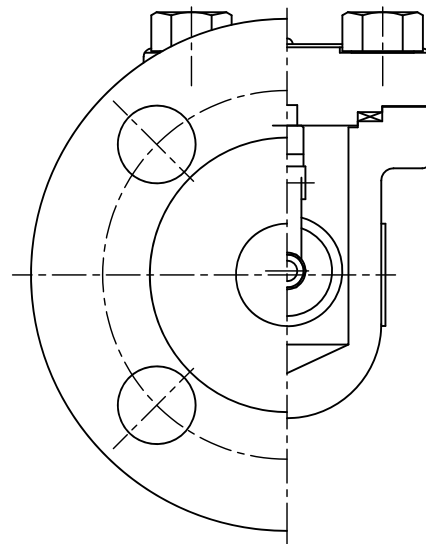




|                           |                                                                                                                     |
|---------------------------|---------------------------------------------------------------------------------------------------------------------|
|                           |                                                                                                                     |
|                           |                                                                                                                     |
|                           |                                                                                                                     |
|                           |                                                                                                                     |
| PAINTING<br>OR<br>COATING | <input checked="" type="checkbox"/> PHOSPHATIZED<br><input type="checkbox"/> NONE<br><input type="checkbox"/> OTHER |