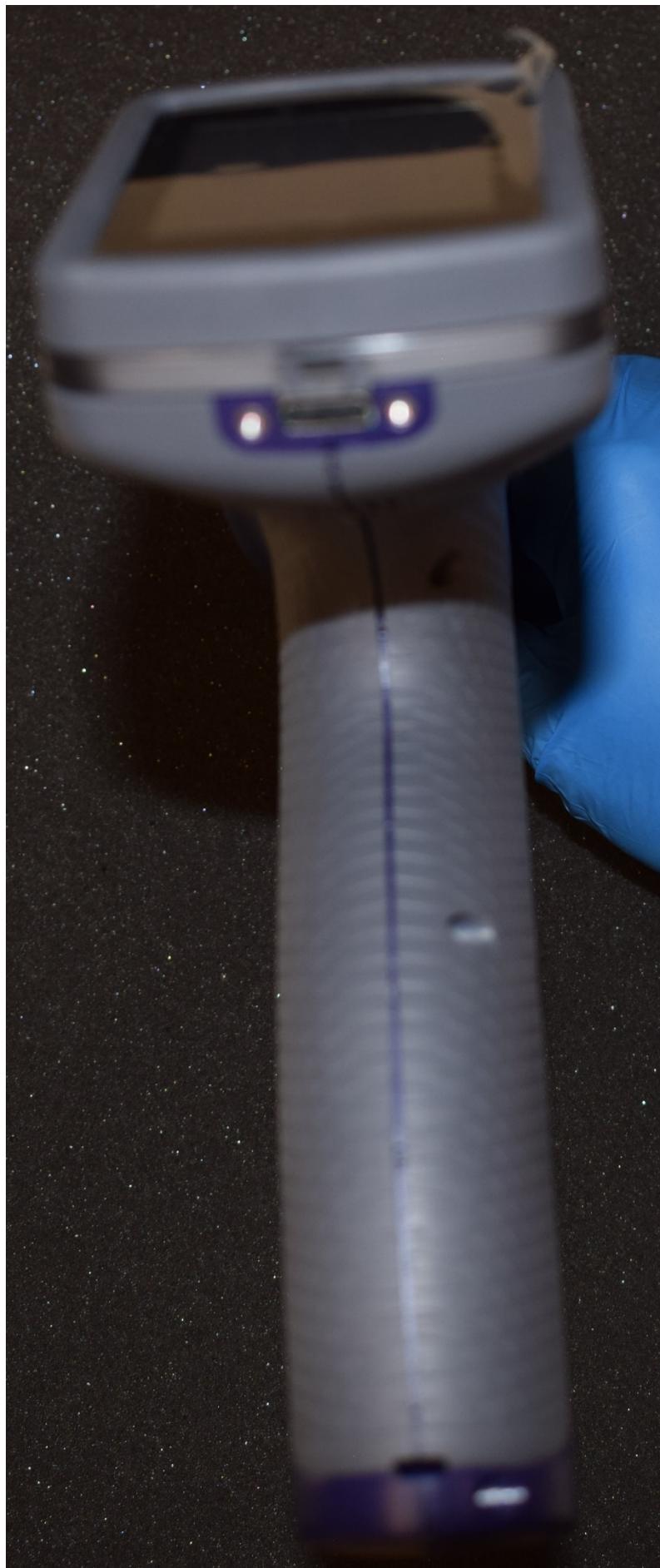




Front Side of Device



Back Side of Device



Bottom Side of Device



Top Side of Device



Right Side of Device



Left Side of Device