



FCC ID Location

UNLESS OTHERWISE SPECIFIED:

NAME _____ DATE _____

DRAWN _____ EMG _____ 8/17/10

CHECKED _____

ENG APPR. _____

MFG APPR. _____

Q.A. _____

Advent Medical Products

TITLE:

FCC ID Location

SIZE **A** DWG. NO. **1400-3022-D_2** REV **A**

SCALE: 2:1 WEIGHT: SHEET 2 OF 2

PROPRIETARY AND CONFIDENTIAL

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