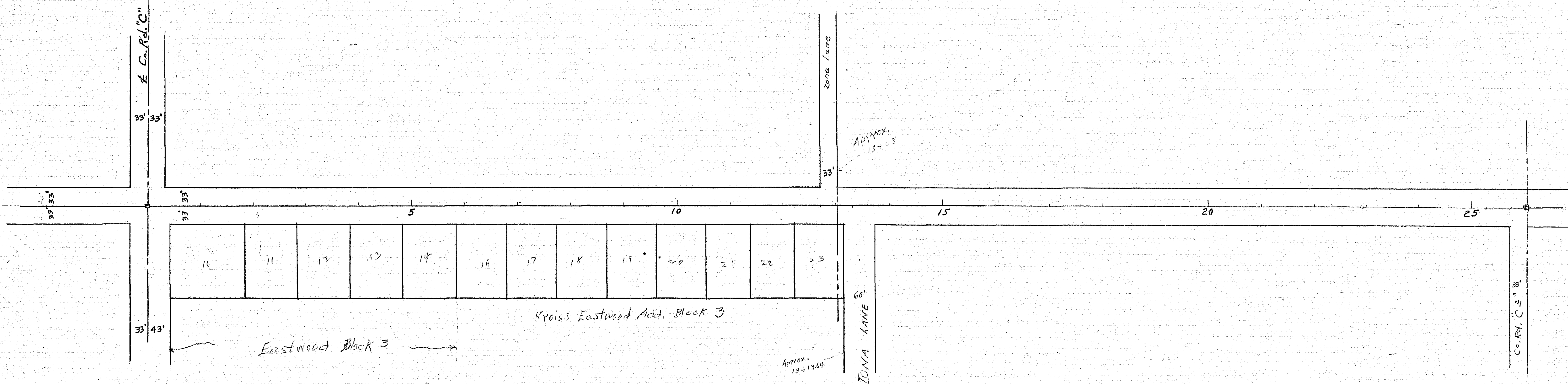


DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 NO. \_\_\_\_\_  
 PLAN  
 SURVIVED: \_\_\_\_\_  
 NOTE BOOK: \_\_\_\_\_  
 ALGEBRA CHECKED: \_\_\_\_\_  
 ST. OF WAY CHECKED: \_\_\_\_\_



DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 NO. \_\_\_\_\_  
 PROFILE  
 SURVIVED: \_\_\_\_\_  
 NOTE BOOK: \_\_\_\_\_  
 GRADE CHECKED: \_\_\_\_\_  
 STRUCTURE NOTATION CHECKED: \_\_\_\_\_

