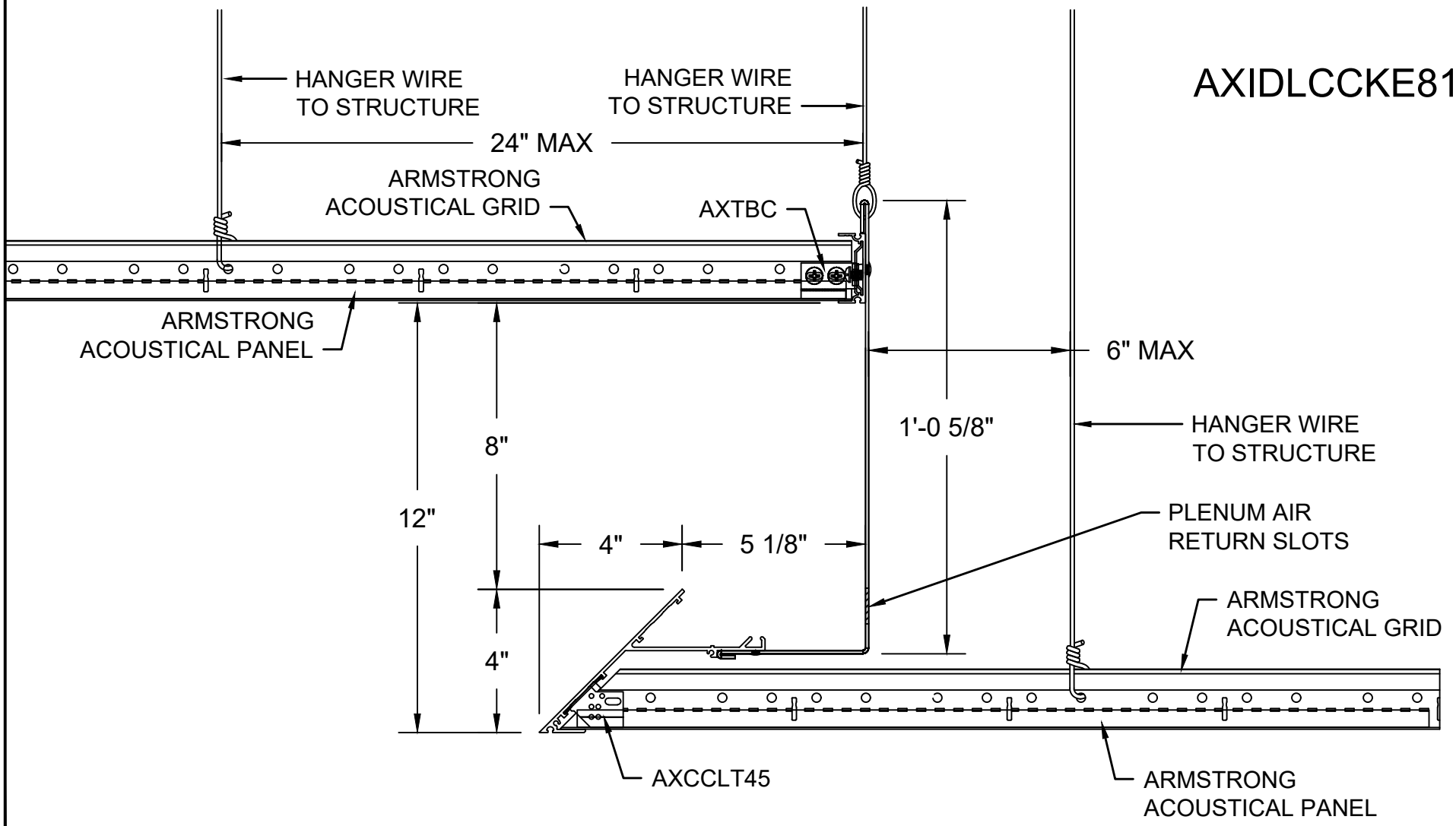
AXIDLCCKE812S



CUSTOMER APPROVAL

SIGNATURE: _____ DATE: _____

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Installer Note: Questions or problems with the installation. Call our Hotline: 800 840 8521

CUSTOMER NAME:	Armstrong	DATE:	03/25/21
POC.	xxxxxx	REVISION:	#
PROJECT:	AXIDLCCKE812S	DRAWN BY:	MIKE
PROJECT #:		SCALE:	NTS
CAD FILE:	Armstrong/Axiom/Indirect Light Coves	SHEET:	1 OF 1

C:_VAULTWIP\DESIGNS\AXIOM\AXIOM INDIRECT LIGHT COVE\CUSTOMER DRAWINGS\AXIDLCCKE812S.DWG