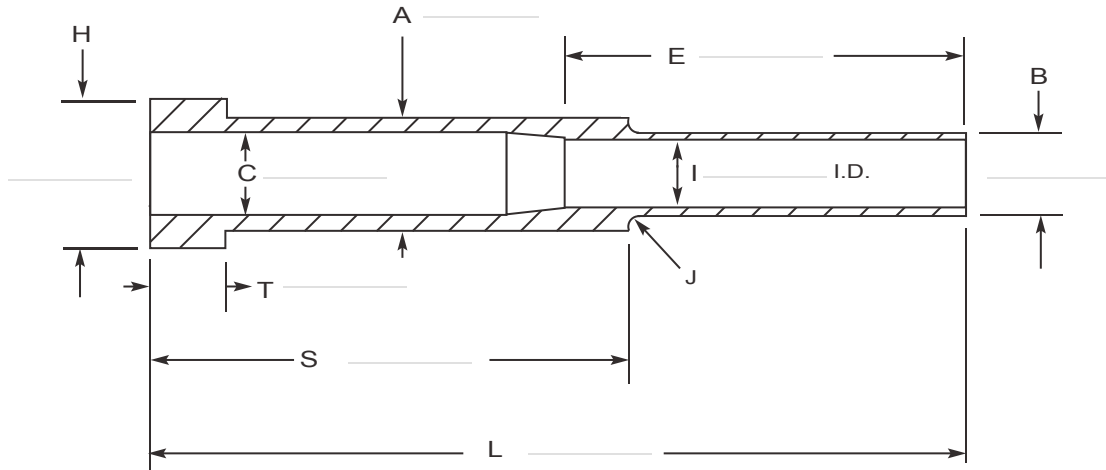


Custom Step Sleeve



| Dimension | Tolerance |
|-----------|-----------|
| A | +0.000 |
| | -0.001 |
| B | +0.000 |
| | -0.001 |
| C | +0.010 |
| | -0.010 |
| E | +0.030 |
| | -0.030 |
| H | +0.000 |
| | -0.010 |

| Dimension | Tolerance |
|-----------|-----------|
| I | +0.0005 |
| | -0.0000 |
| J | +0.010 |
| | -0.010 |
| L | +0.060 |
| | -0.000 |
| S | +0.000 |
| | -0.030 |
| T | +0.000 |
| | -0.002 |

| Quantity: | Surface Treatments | Comments: |
|-----------------|---|-----------|
| _____ | <input type="checkbox"/> No Treatment <input type="checkbox"/> Titanium Nitride | _____ |
| Material: _____ | <input type="checkbox"/> Gas Nitride <input type="checkbox"/> Armorclad | _____ |
| Hardness: _____ | <input type="checkbox"/> Other _____ | _____ |

PLEASE READ CAREFULLY! Verify all dimensions & tolerances before signing! Fax back approved print with order. Parts will be manufactured to these tolerances unless otherwise specified! Your signature indicates that you have looked over the above print and are in agreement with all dimensions & tolerances listed on it. Any mistakes on this sheet made by Choice or otherwise are your responsibility once you sign below. Choice is not responsible, for any chipping, flaking etc. of any surface treatments requested by the Customer.

Signature: _____

PO # _____

| | |
|---------------------|--------------|
| Company Name: _____ | Phone: _____ |
| Contact: _____ | Fax: _____ |