



**SHAFT: COLD ROLL OR STAINLESS STEEL**

	<b>PART NAME</b>		<b>SHAFT C/W BRUSH</b>						
	<b>SCALE:</b>	<b>NTS</b>	<b>INCH</b>		<b>C/O NO.</b>	<b>DATE</b>	<b>BY</b>	<b>CHANGES</b>	<b>NO.</b>
<b>FOR BRUSH NO:</b>	<b>DATE:</b>	<b>X X</b>	<b>DR. BY:</b>		<b>CAROLINA BRUSH</b>				<b>DRAWING NO.</b>
					3093 NORTHWEST BLVD. P.O. BOX 2469 GASTONIA, N.C. 28053-2469 PHONE 704-867-0286 FAX 704-861-0772				<b>REV.</b>
								<b>MC- _____</b>	