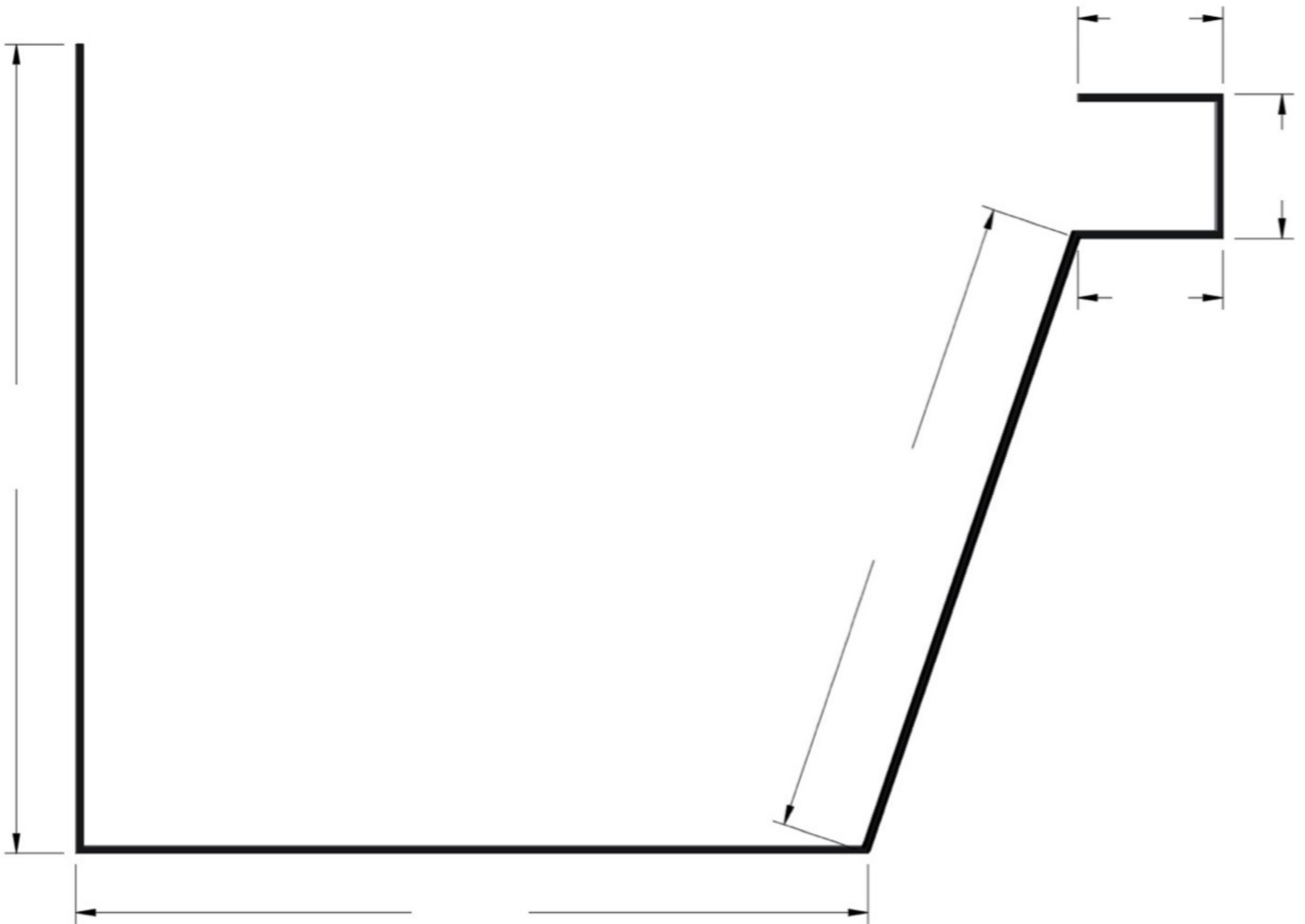




Box Gutter Style F



Customer: _____

Material/Gauge: _____

Job Name: _____

Color: _____

Linear Feet: _____

L/R End Caps: _____

Splice Plate Y/N: _____