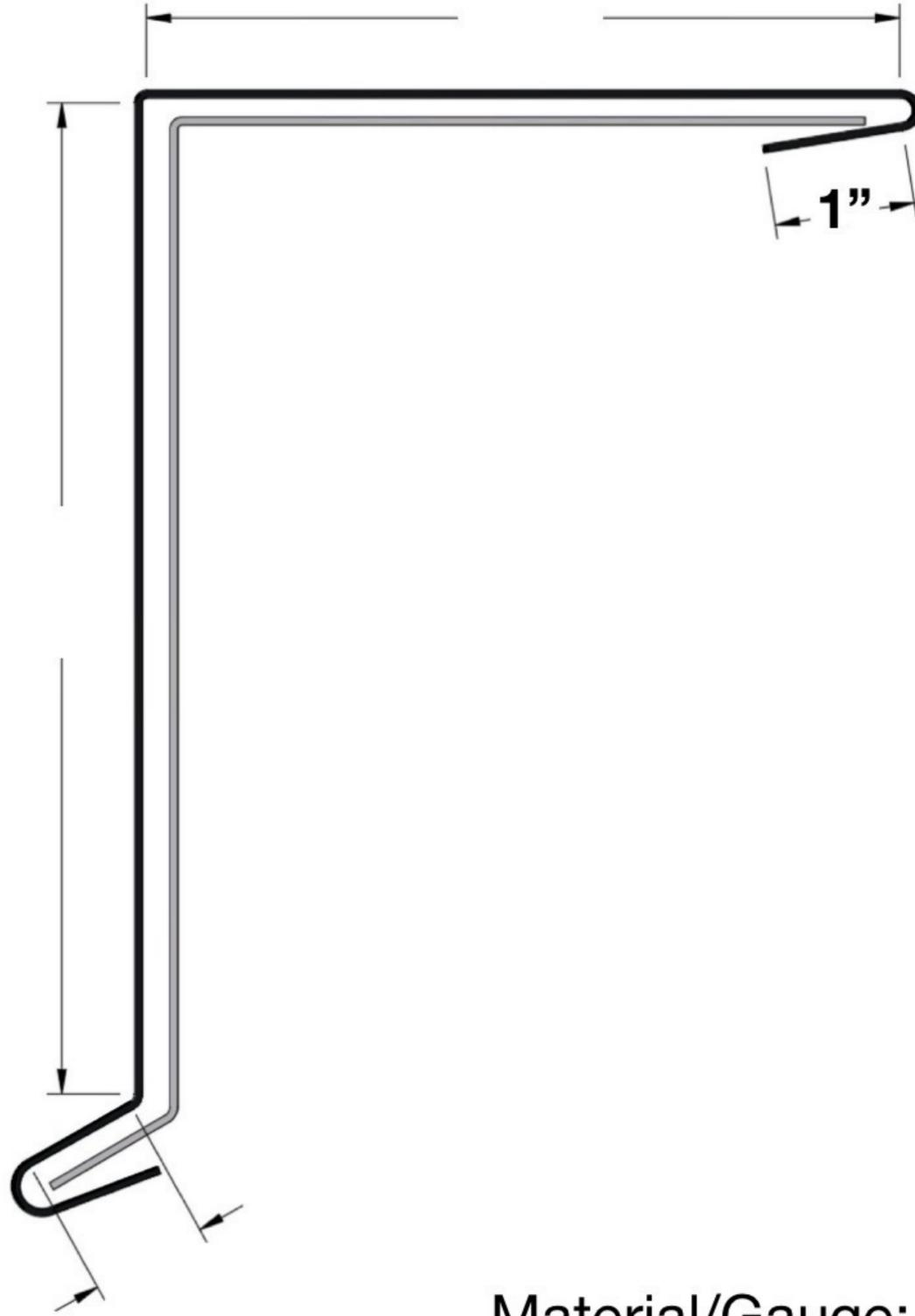


Gable



Material/Gauge: _____

Customer: _____

Color: _____

Job Name: _____

Continuous Cleat Y/N: _____

Linear Feet: _____

Splice Plate Y/N: _____