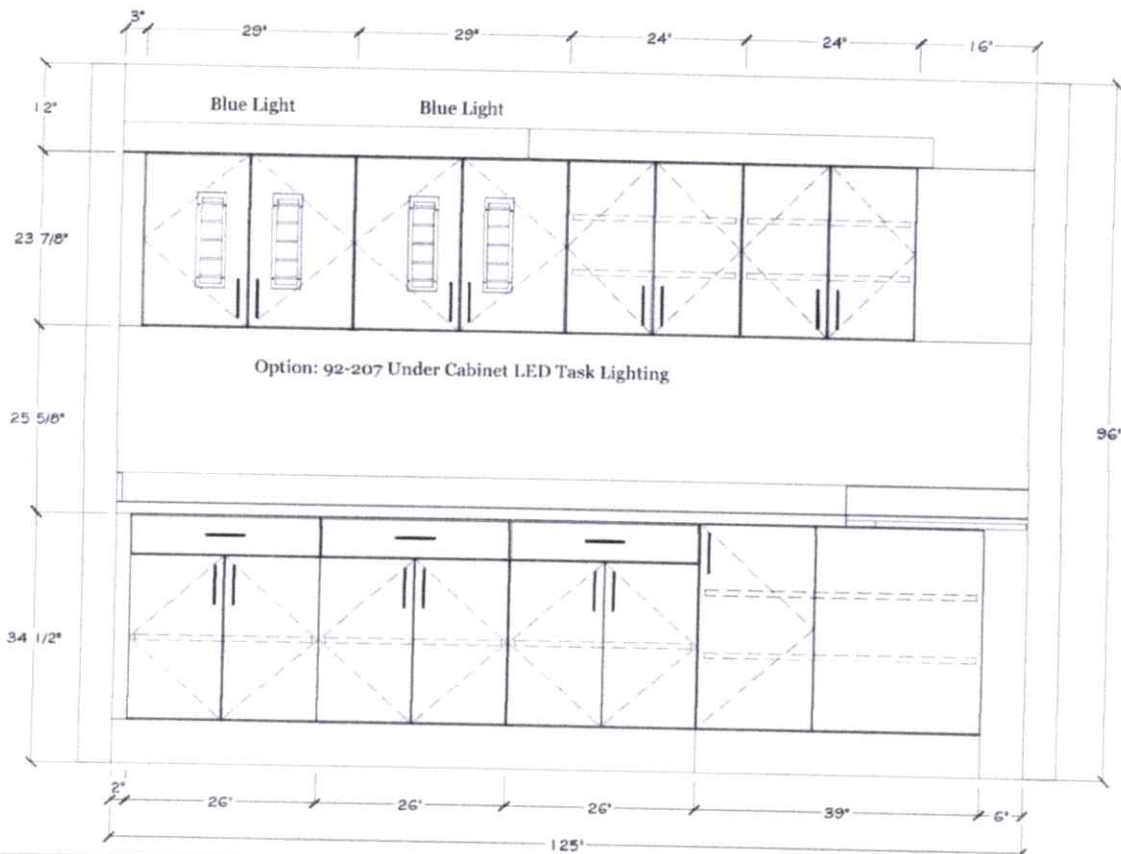


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Koken Division

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Exterior Color:
 Interior Color:
 Worksurfaces:
 Pulls: Std. P29293

☐ Approved as drawn. Signature: _____

☐ Approved w/ noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 04/05/21

Customer: _____

Drawn By: _____

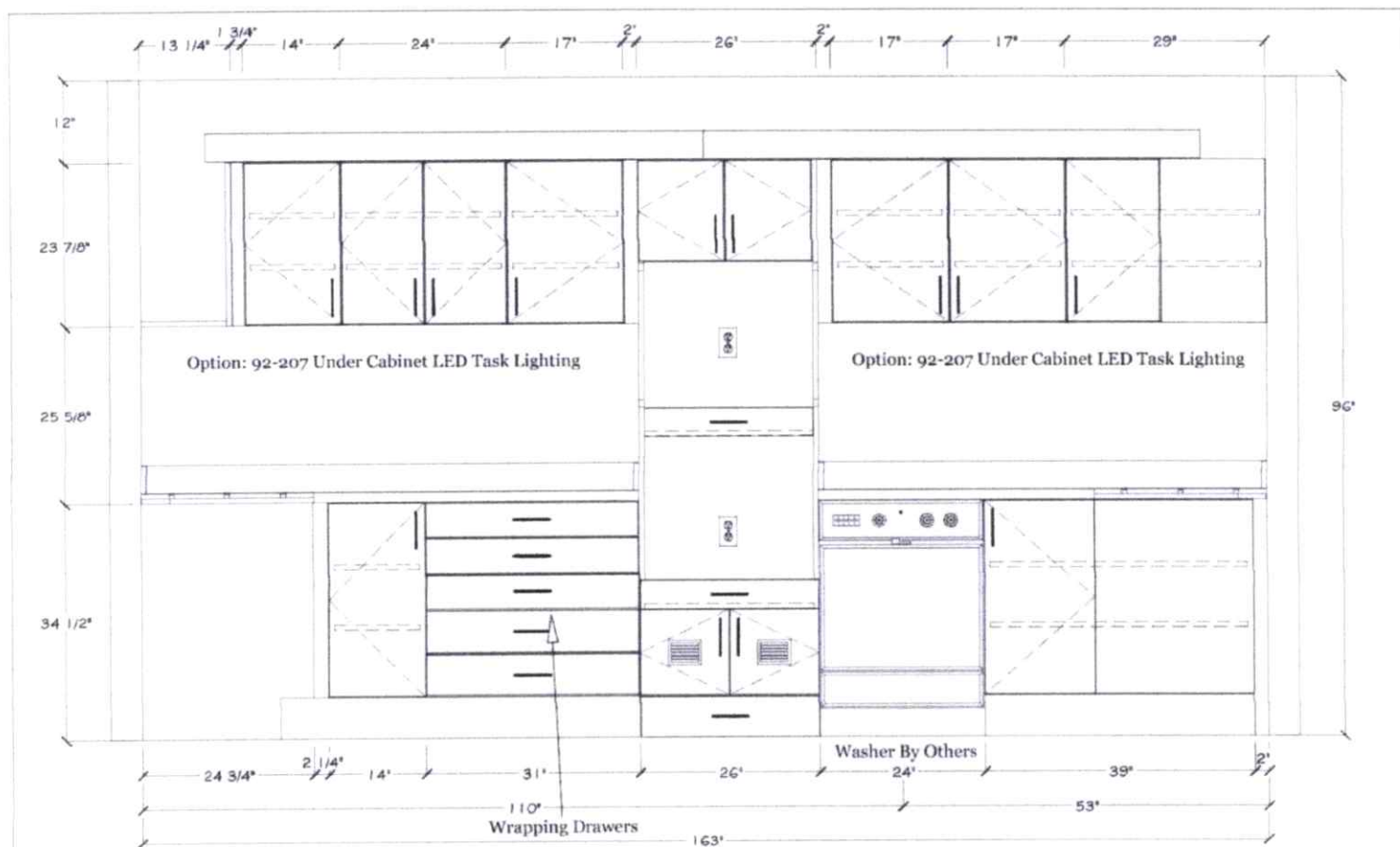
Model Number: DN-7519C

Page: 2 of 4

Description: Custom U-Shaped Sterilization Center 125" x 163" x 129.5"

NOTE: Work Surfaces May
 Contain Visible Seams At
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Exterior Color:
Interior Color:
Worksurfaces:
Pulls: Std. P29293

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 04/05/21

Customer: _____

Drawn By: _____

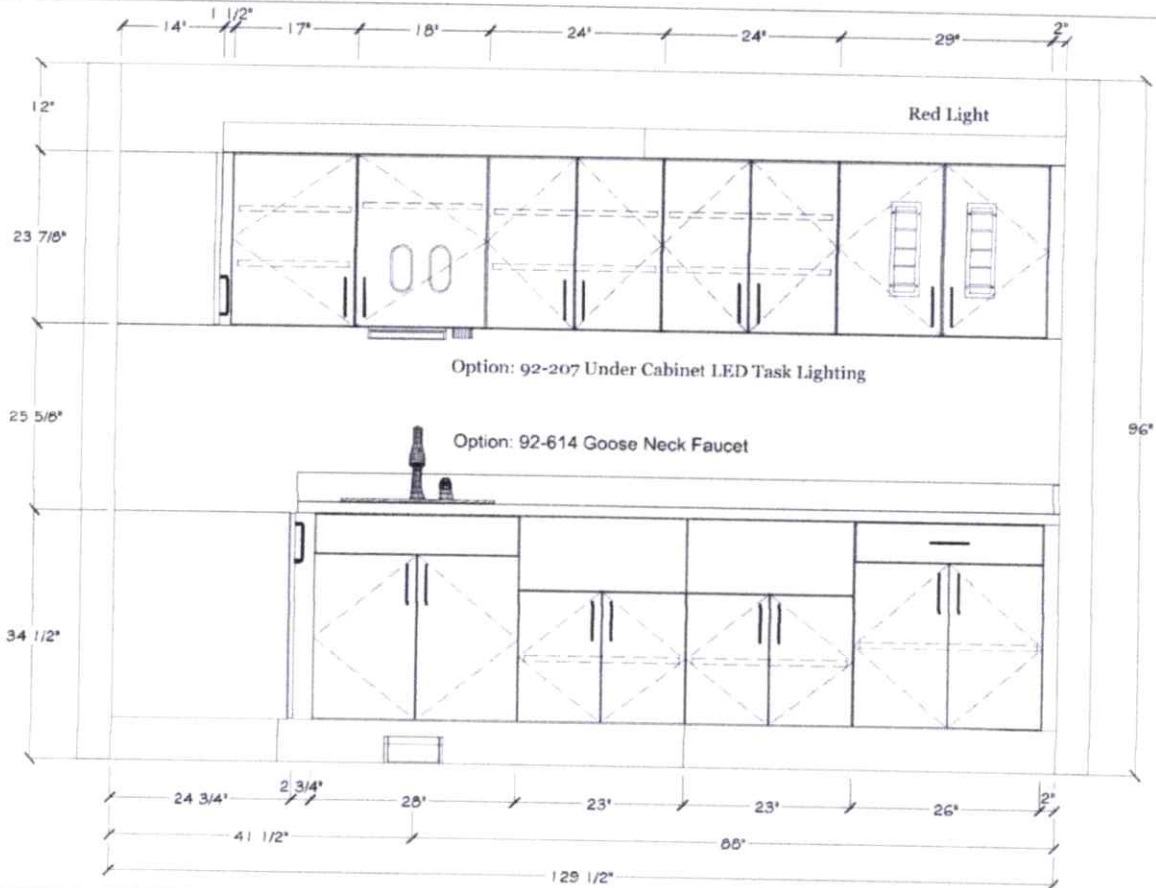
Model Number: DN-7519C

Page: 3 of 4

Description: Custom U-Shaped Sterilization Center 125" x 163" x 129.5"

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Exterior Color:
 Interior Color:
 Worksurfaces:
 Pulls: Std. P29293

☐ Approved as drawn. Signature: _____

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Date: 04/05/21

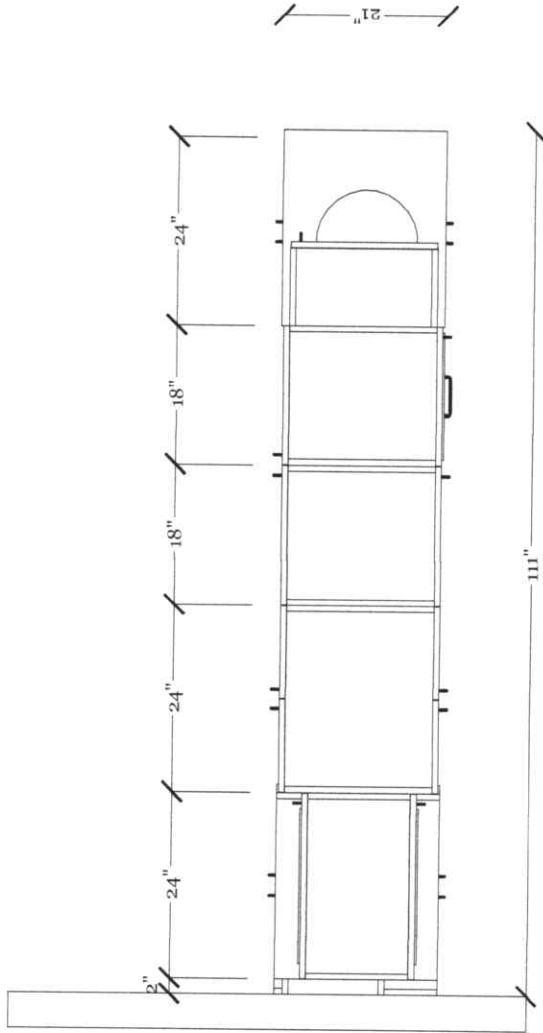
Customer:

Drawn By:

Model Number: DN-7519C

Scale: 5/8" = 1'

Description: Custom U-Shaped Sterilization Center 125" x 163" x 129.5"



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Koken Division

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Color A:
Color B:
Pull Type:
Moulding Color:

Date: 07/12/19

Customer: DN-7519A

Drawn By:

Name: DN-7519A

Scale: NTS

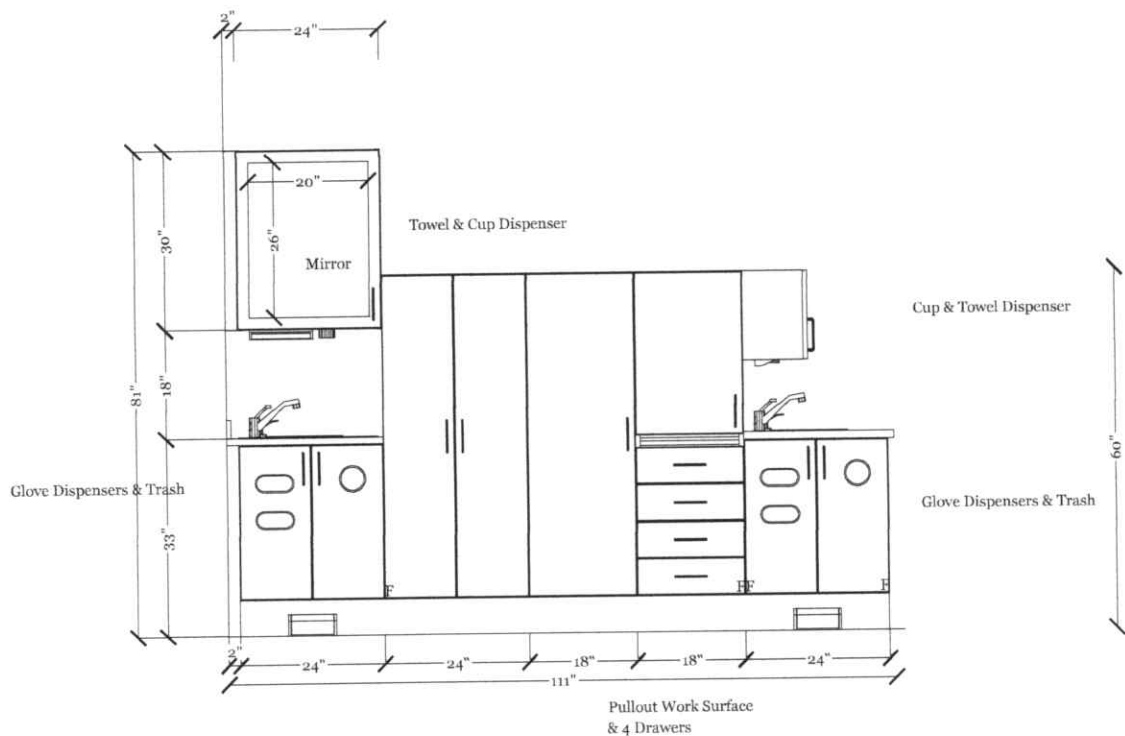
Quote/Order #: Custom Center Island Cabinetry

☐ Approved as drawn. Signature: _____
☐ Approved w/ noted changes. Date: _____

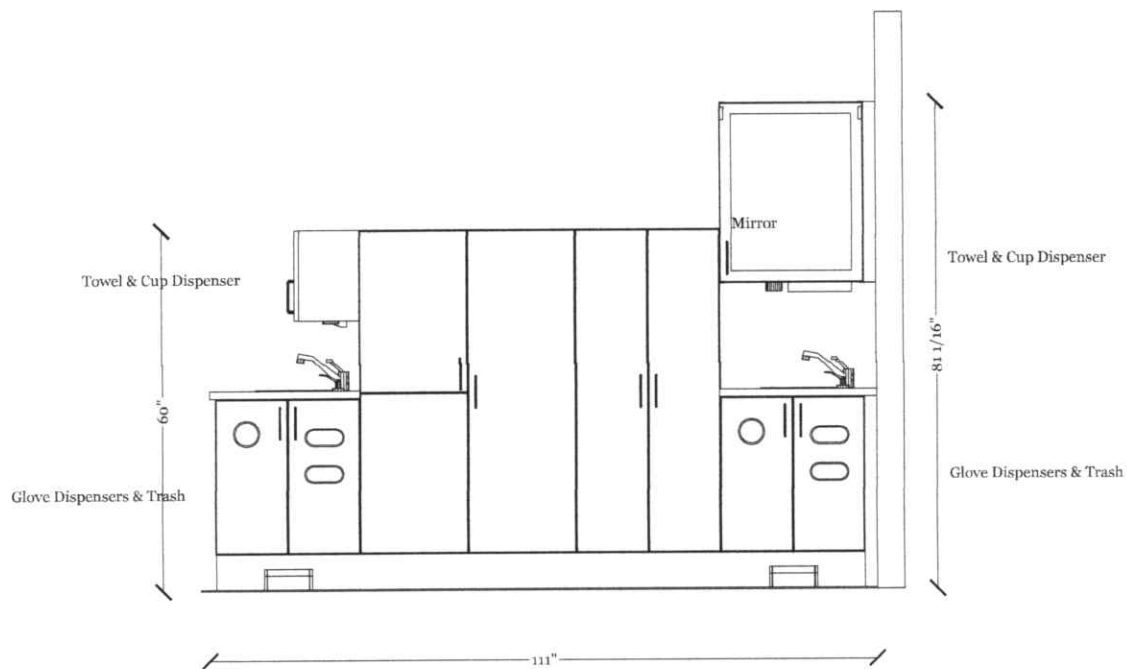
Order will be processed upon receipt of signed drawing.

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Color A:
 Color B:
 Pull Type:
 Moulding Color:

☐ Approved as drawn. Signature: _____
☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 07/12/19

Customer: DN-7519A

Drawn By:

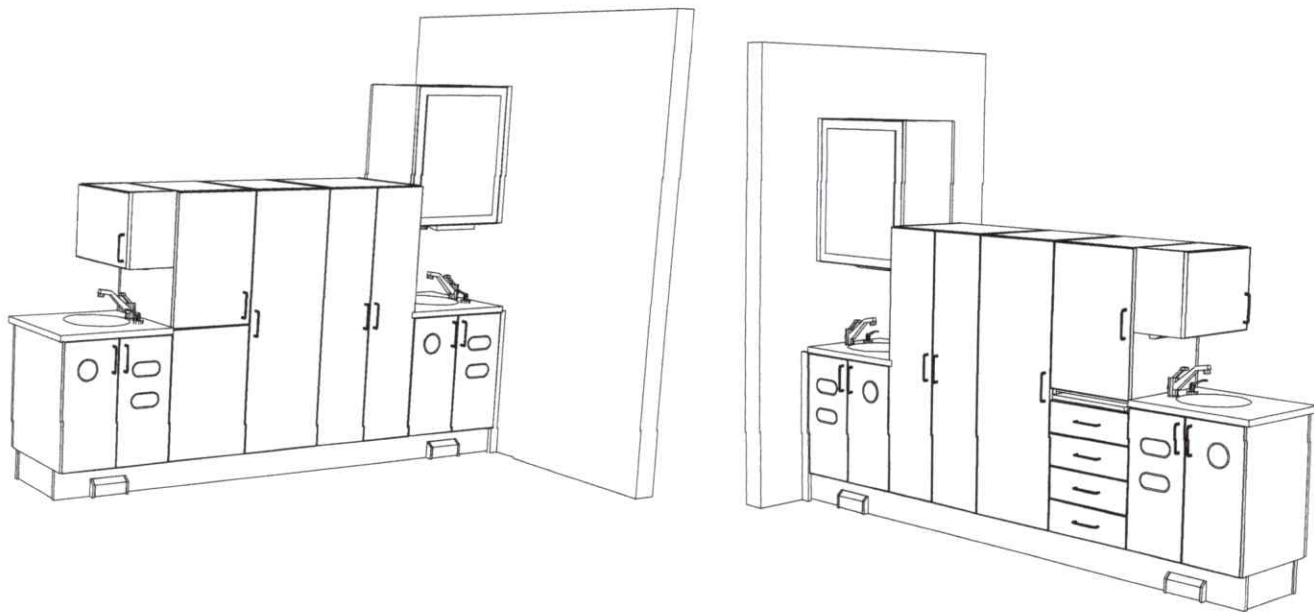
Name: DN-7519A

Scale: NTS

Quote/Order #: Custom Center Island Cabinetry

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Color A:
 Color B:
 Pull Type:
 Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 07/12/19

Customer: DN-7519A

Drawn By:

Name: DN-7519A

Scale: NTS

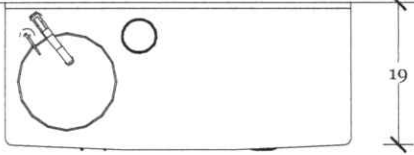
Quote/Order #: Custom Center Island Cabinetry

**NOTE: Work Surfaces May
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 Manufacturers Discretion.**

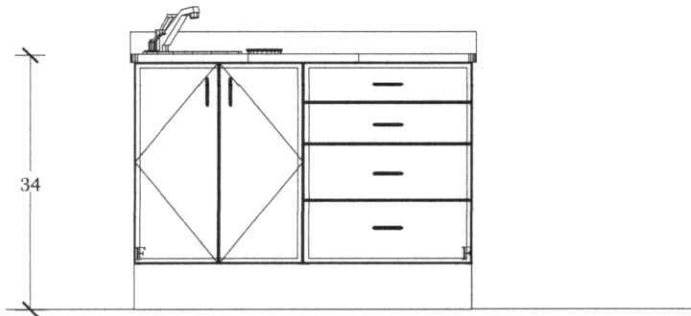
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46

22 1/2 22 1/2



19



22 1/2 22 1/2

46



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Color A:
 Color B:
 Pull Type:
 Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 05/11/17

Customer:

Drawn By: MH

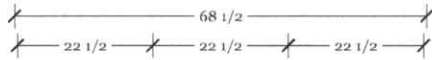
Name: K Side 100-102

Scale: NTS

Quote/Order #: KS-CM2-LS

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Color A:
Color B:
Pull Type:
Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/ noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 10/26/17

Customer:

Drawn By: MH

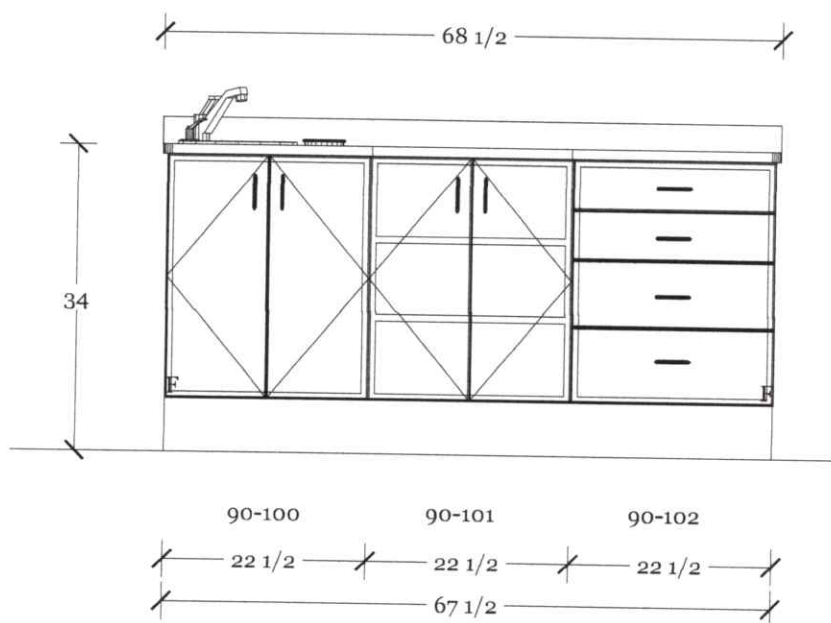
Name: K Side 100-101-102

Scale: NTS

Quote/Order #: KS-CM3-LS

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Color A:

Color B:

Pull Type:

Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 10/26/17

Customer:

Drawn By: MH

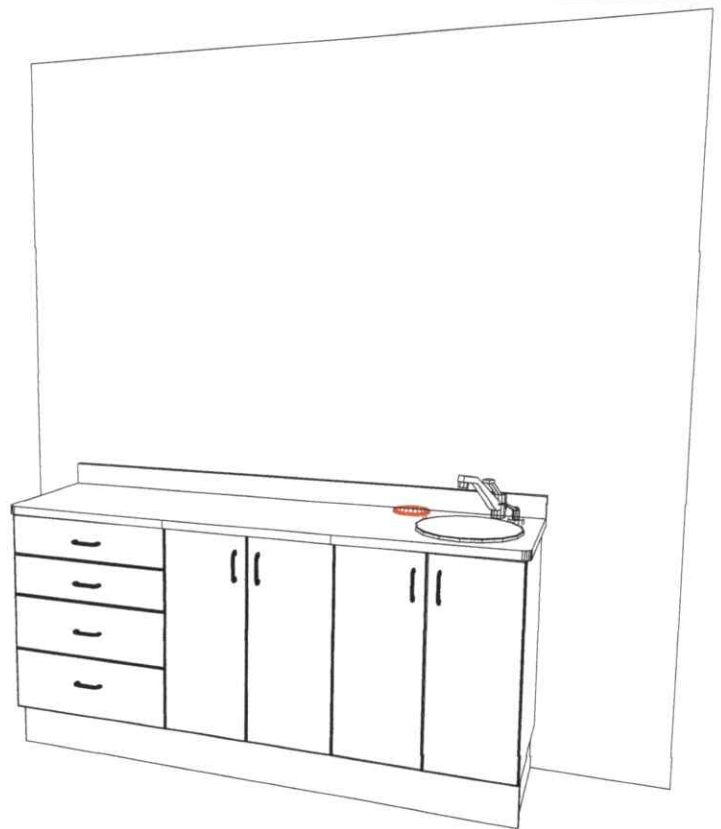
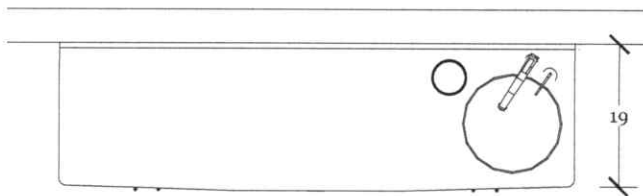
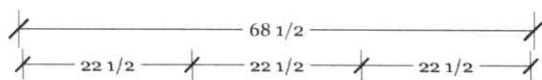
Name: K Side 100-101-102

Page: 2 of 2

Quote/Order #: KS-CM3-LS

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Color A:
 Color B:
 Pull Type:
 Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 07/23/18

Customer: _____

Drawn By: MH

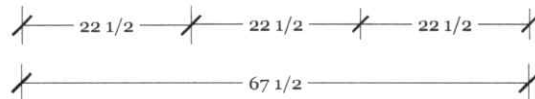
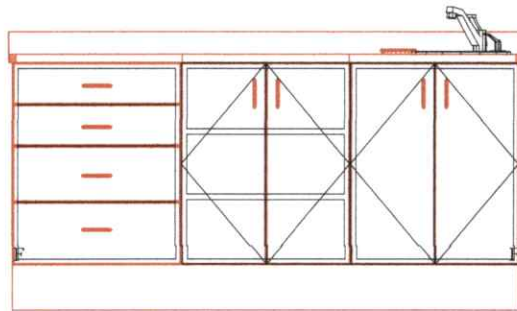
Name: K Side 102-101-100

Scale: NTS

Quote/Order #: KS-CM3-RS

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Color A:
 Color B:
 Pull Type:
 Moulding Color:

☐ Approved as drawn. Signature: _____

☐ Approved w/noted changes. Date: _____

Order will be processed upon receipt of signed drawing.

Date: 07/23/18

Customer:

Drawn By: MH

Name: K Side 102-101-100

Page: 2 of 2

Quote/Order #: KS-CM3-RS

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