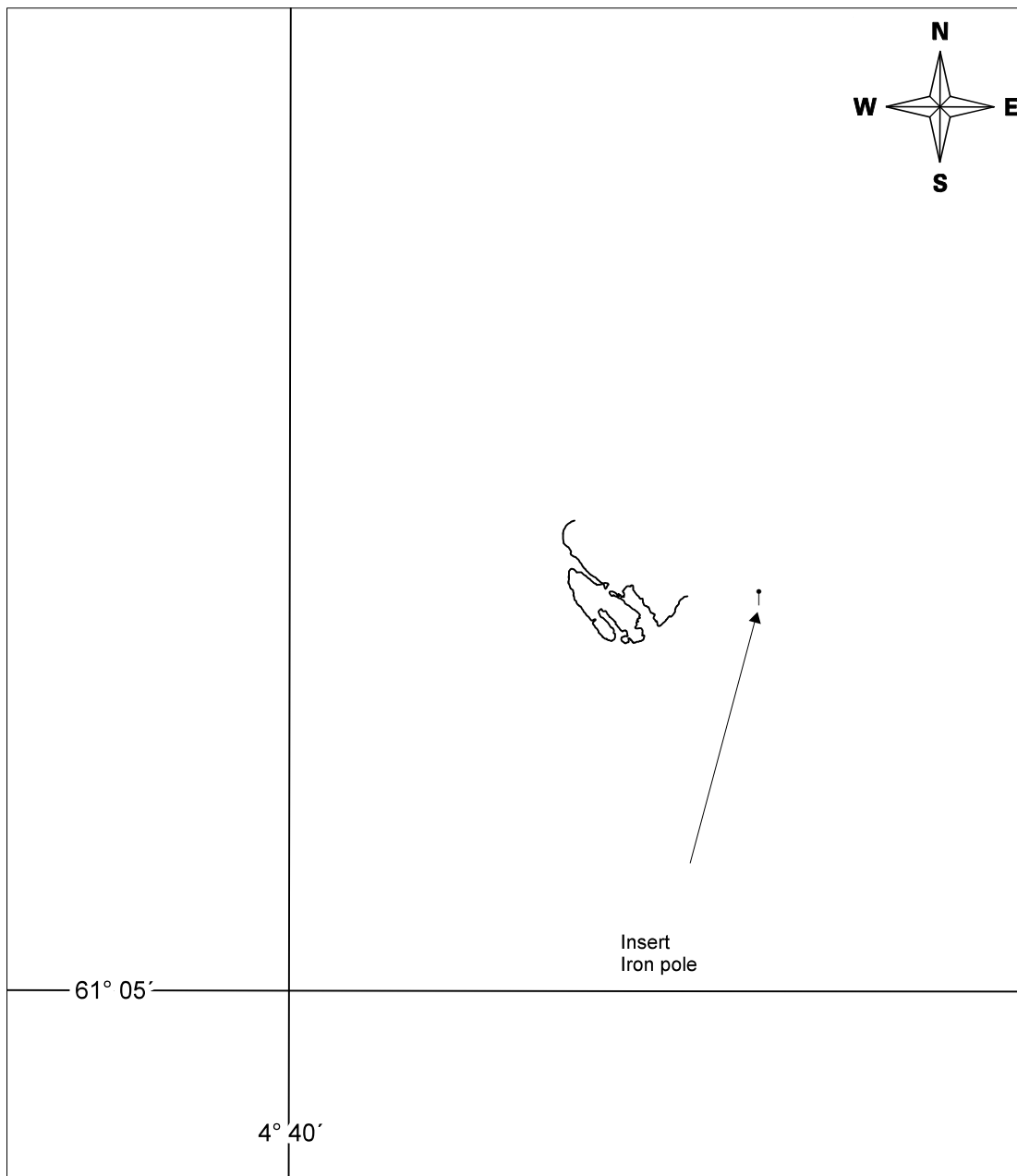




|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
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| <br><b>Kartverket</b> | <p>This tracing is a supplement to the Etterretninger for Sjøfarende (Efs), and shall only be used with its corresponding Efs notice, the numbers of which is quoted on the tracing.</p> <p>The NHS is not liable for any other use of this tracing.</p> <p>Errors or discrepancies are to be reported to:<br/>Norwegian Hydrographic Service, e-mail <a href="mailto:efs@statkart.no">efs@statkart.no</a></p> <p>Size: 148mm x 210mm (A5)</p> | <table><tr><td>Chart no.</td><td><input type="text" value="25"/></td></tr><tr><td>Scale</td><td><input type="text" value="1:50000"/></td></tr><tr><td>Valid edition</td><td><input type="text" value="01/15"/></td></tr><tr><td>Notice no.</td><td><input type="text" value="55492"/></td></tr><tr><td>Efs no.</td><td><input type="text" value="112016"/></td></tr><tr><td>Tracing no.</td><td><input type="text" value="1"/> of <input type="text" value="2"/></td></tr></table> | Chart no. | <input type="text" value="25"/> | Scale | <input type="text" value="1:50000"/> | Valid edition | <input type="text" value="01/15"/> | Notice no. | <input type="text" value="55492"/> | Efs no. | <input type="text" value="112016"/> | Tracing no. | <input type="text" value="1"/> of <input type="text" value="2"/> |
| Chart no.                                                                                                | <input type="text" value="25"/>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
| Scale                                                                                                    | <input type="text" value="1:50000"/>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
| Valid edition                                                                                            | <input type="text" value="01/15"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
| Notice no.                                                                                               | <input type="text" value="55492"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
| Efs no.                                                                                                  | <input type="text" value="112016"/>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |
| Tracing no.                                                                                              | <input type="text" value="1"/> of <input type="text" value="2"/>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                 |       |                                      |               |                                    |            |                                    |         |                                     |             |                                                                  |