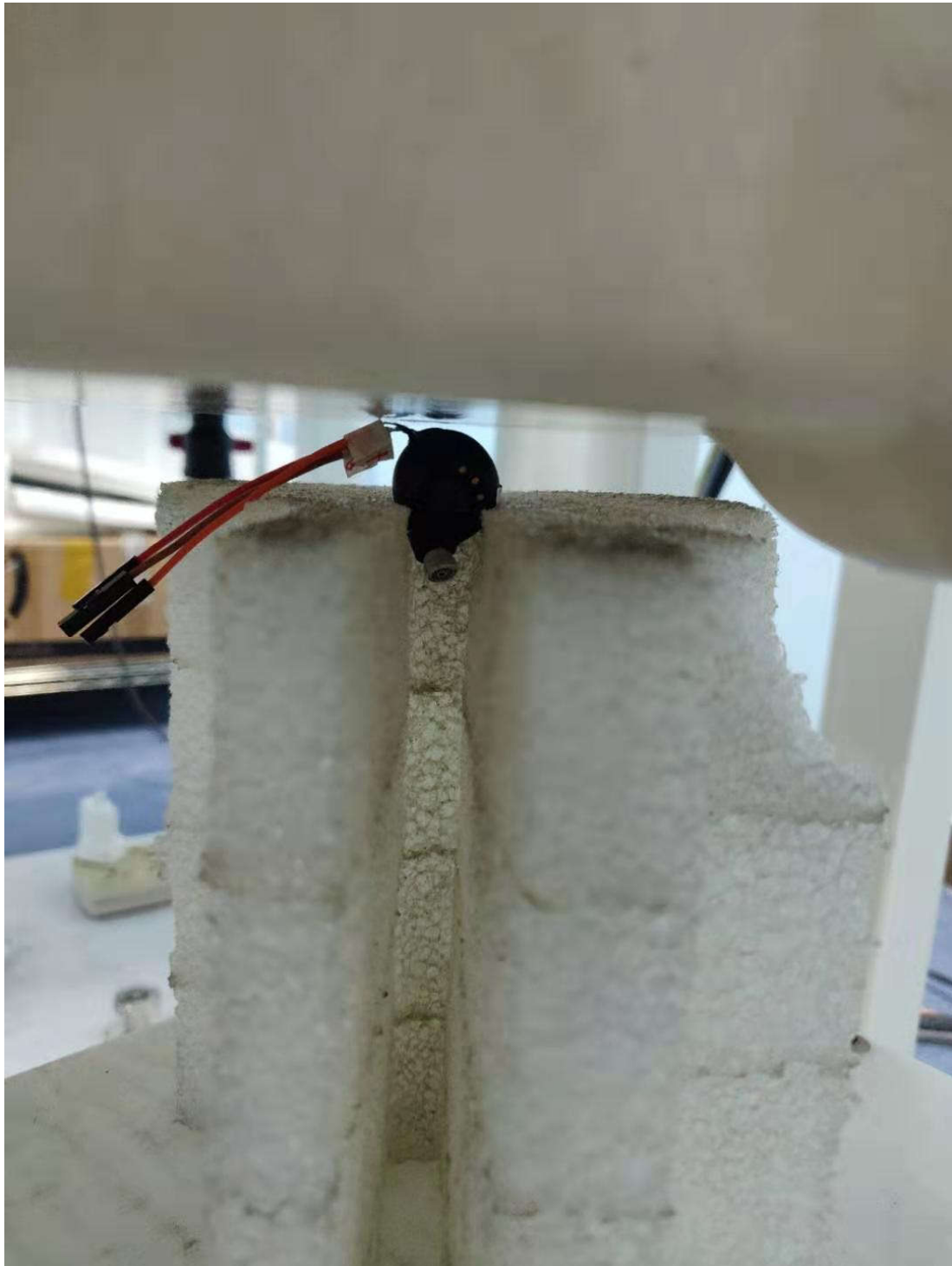


**ANNEX D: TEST SETUP PHOTOS**

Left

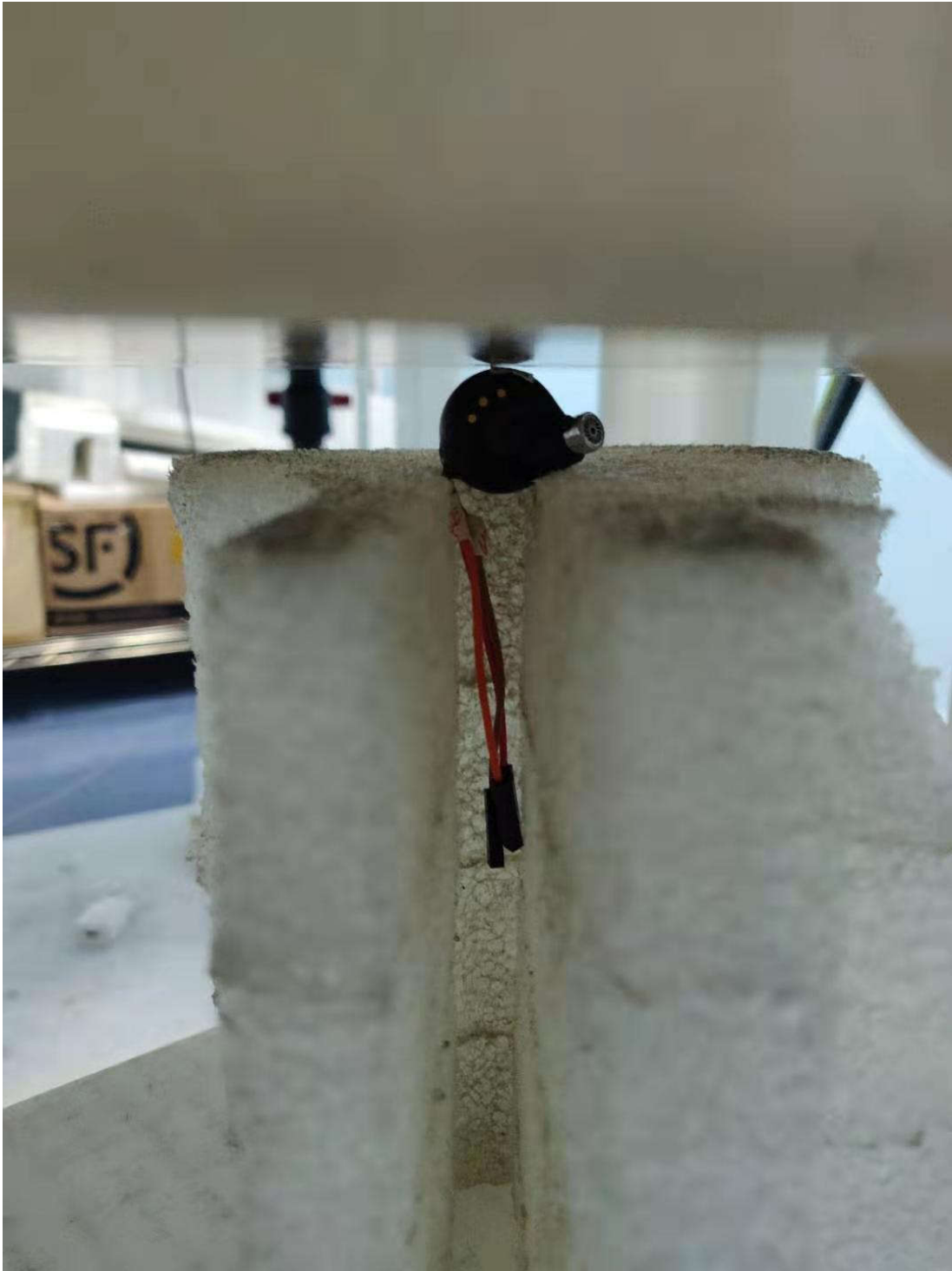
Top Side



Bottom Side



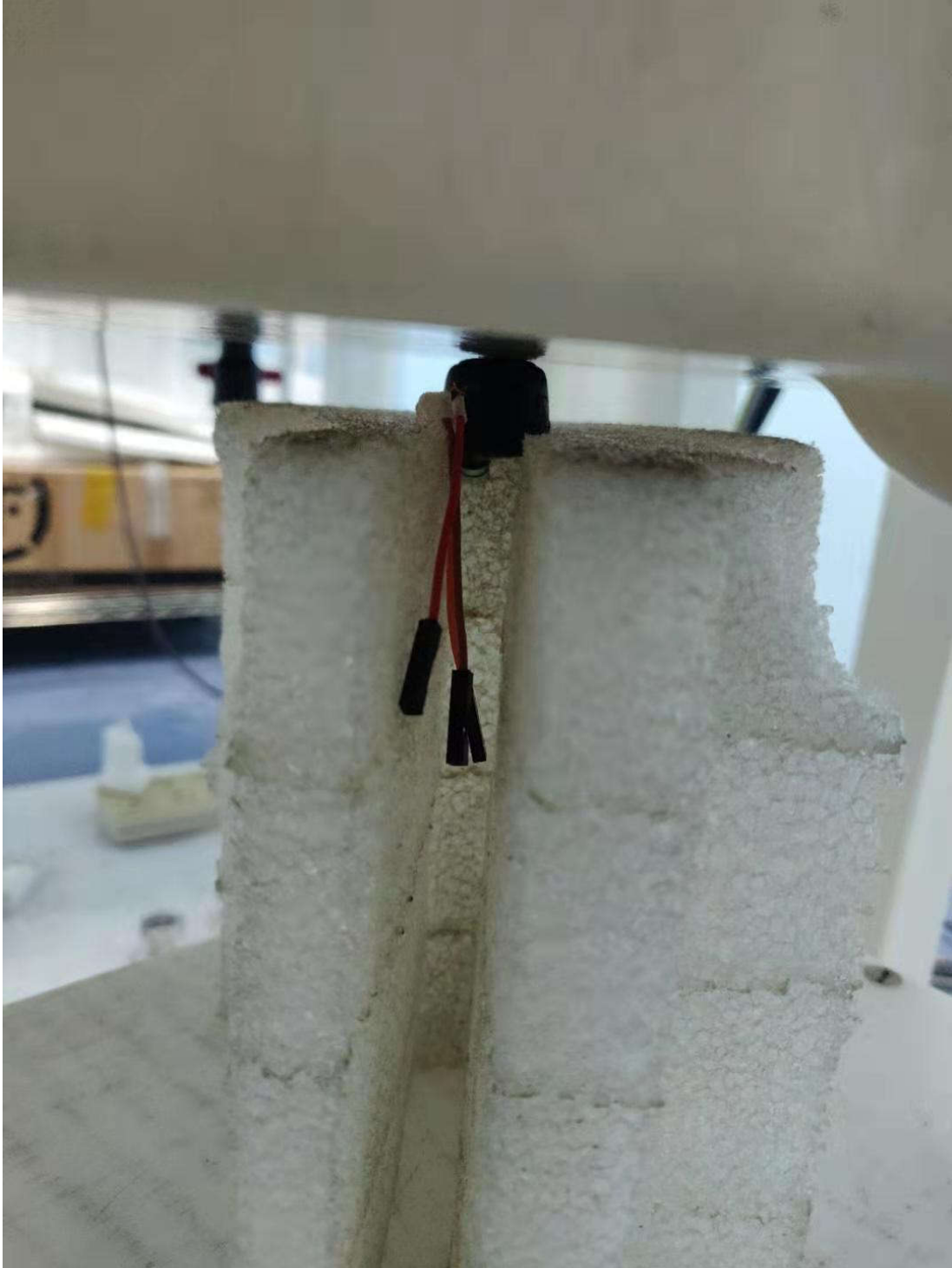
Left Side



Right Side



Front Side



Cochlea Side



Right

Top Side



Bottom Side



Left Side



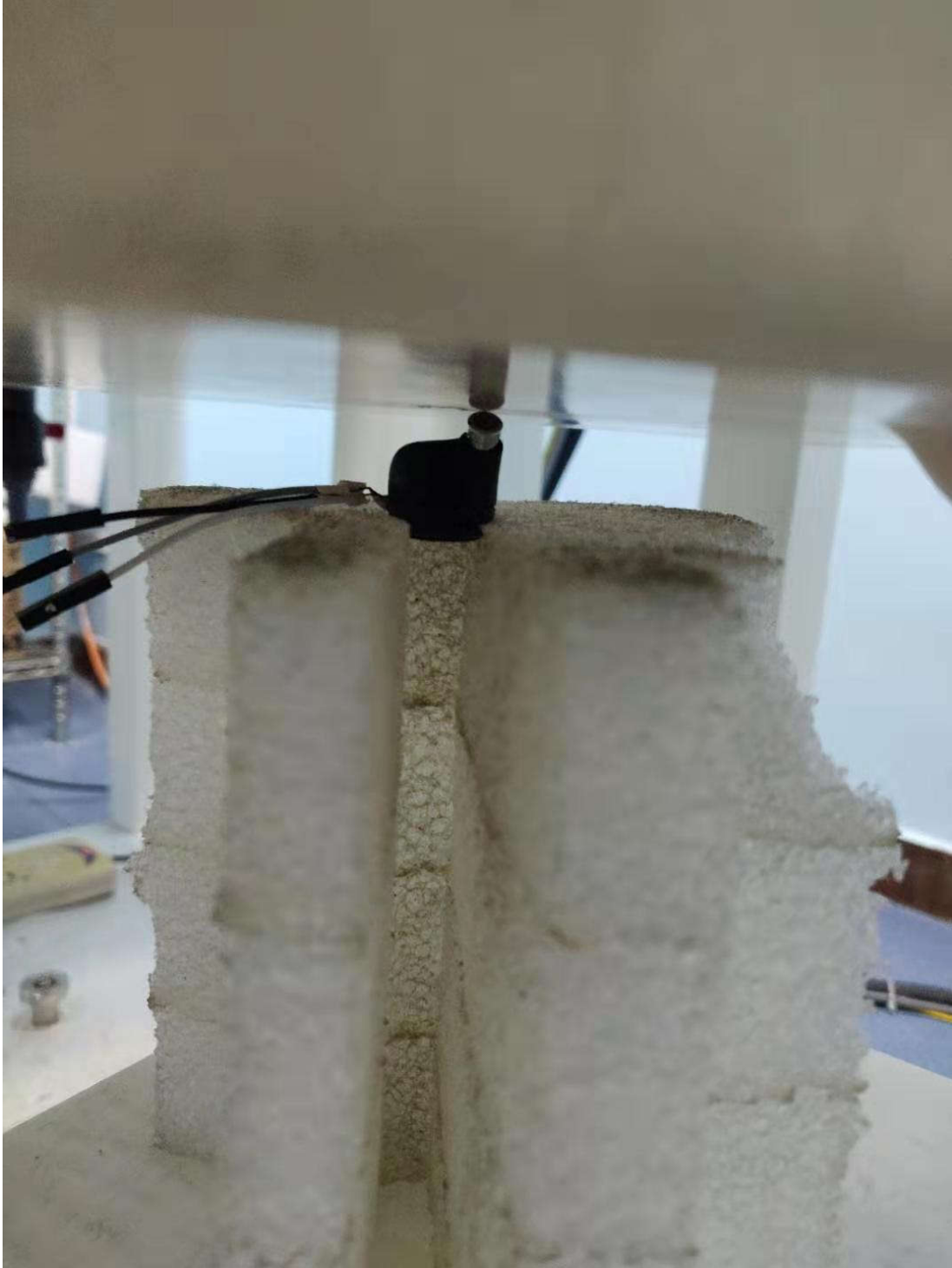
Right Side



Front Side



Cochlea Side



..... **THE END** .....