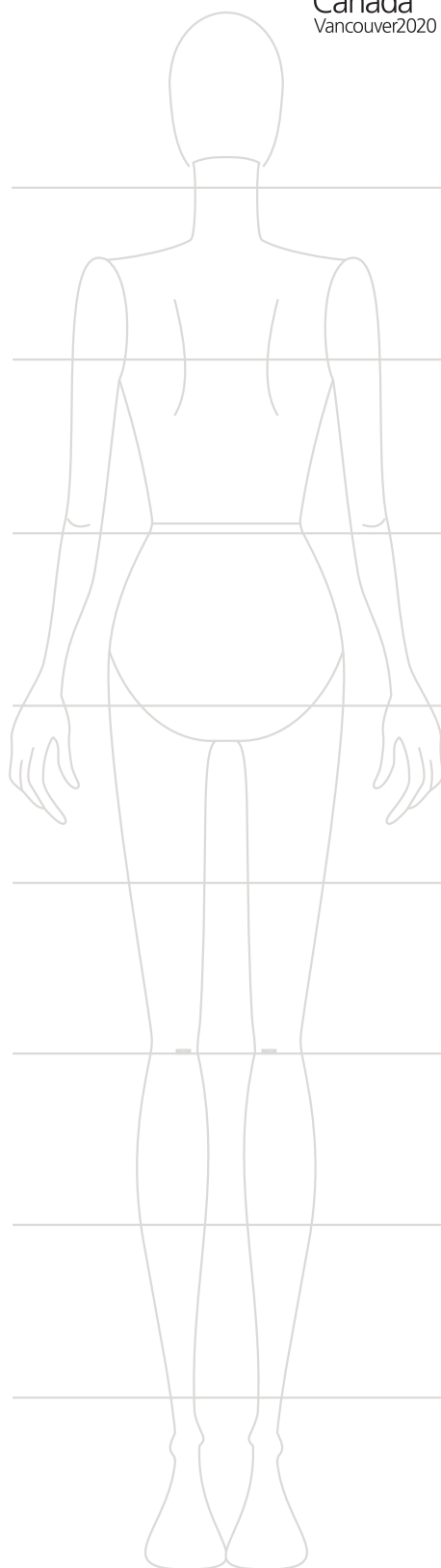
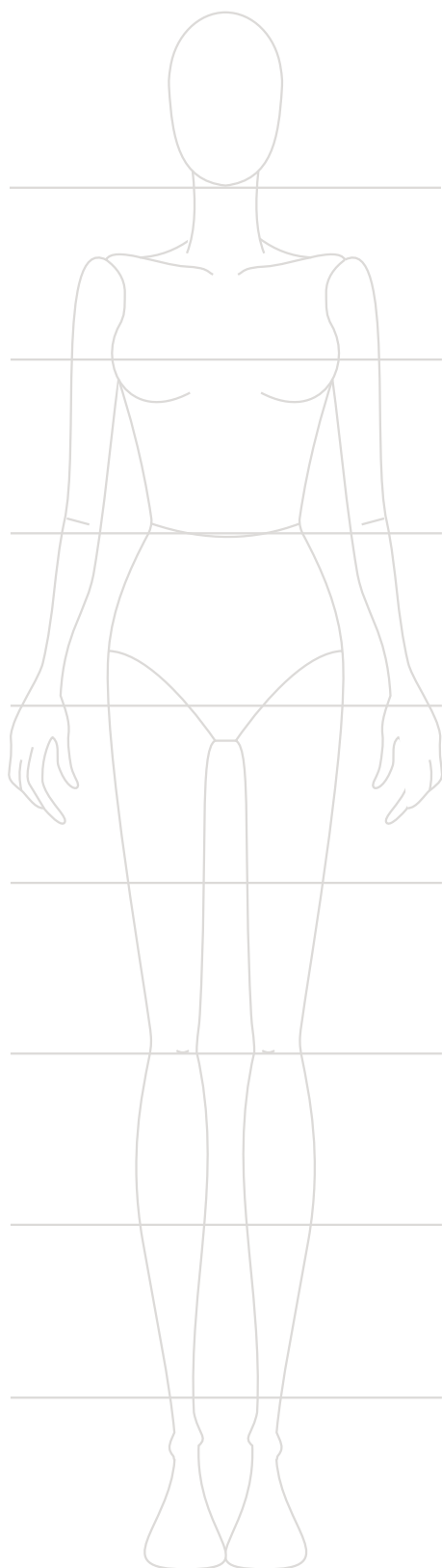




Province: _____

Number: _____