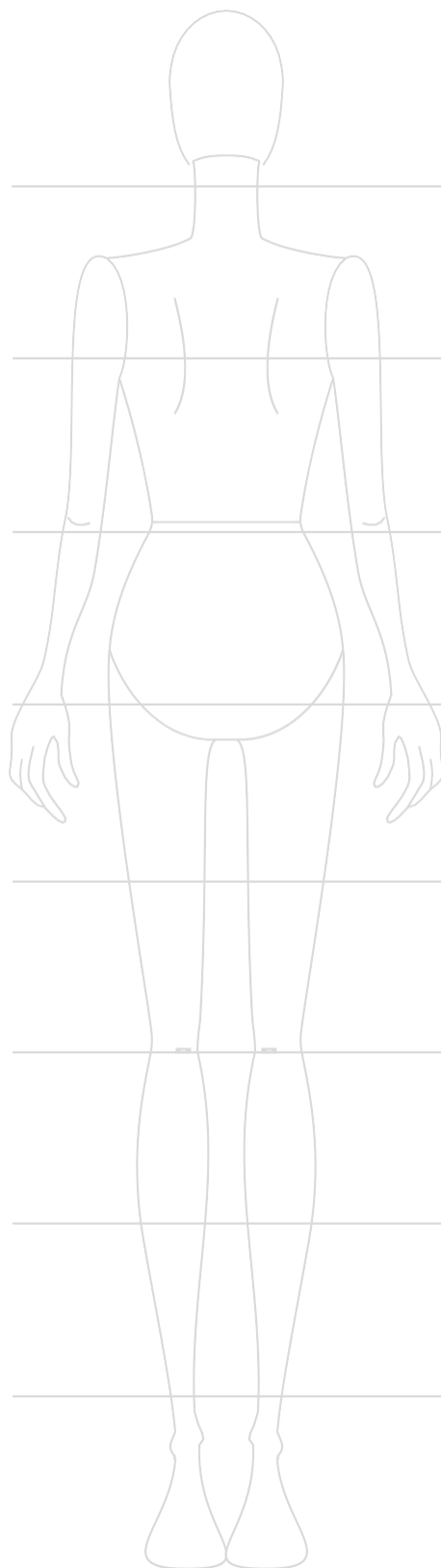
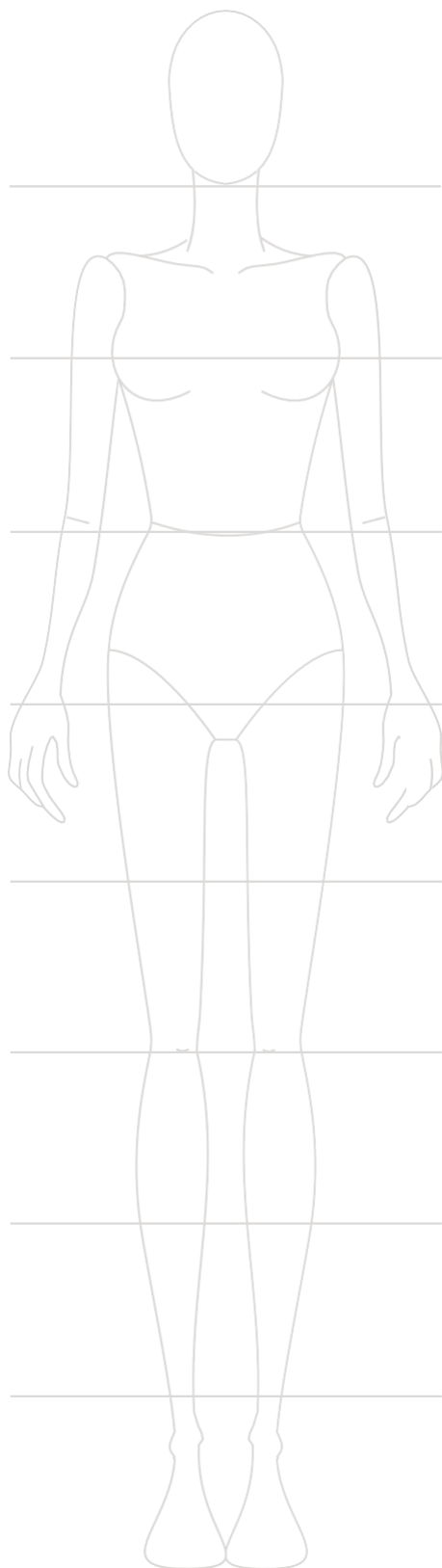




Province:_____

Number:_____