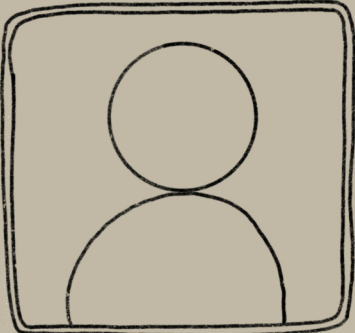
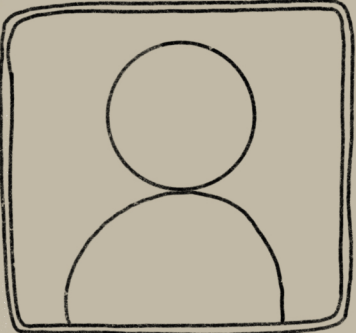
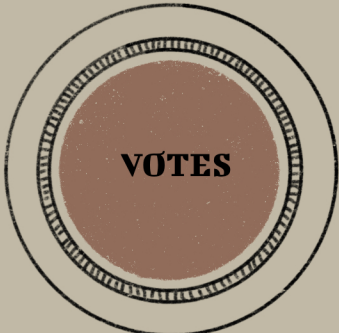




YOUR NAME:

NAME OF YOUR BILL:



YOUR NAME:

NAME OF YOUR BILL:

