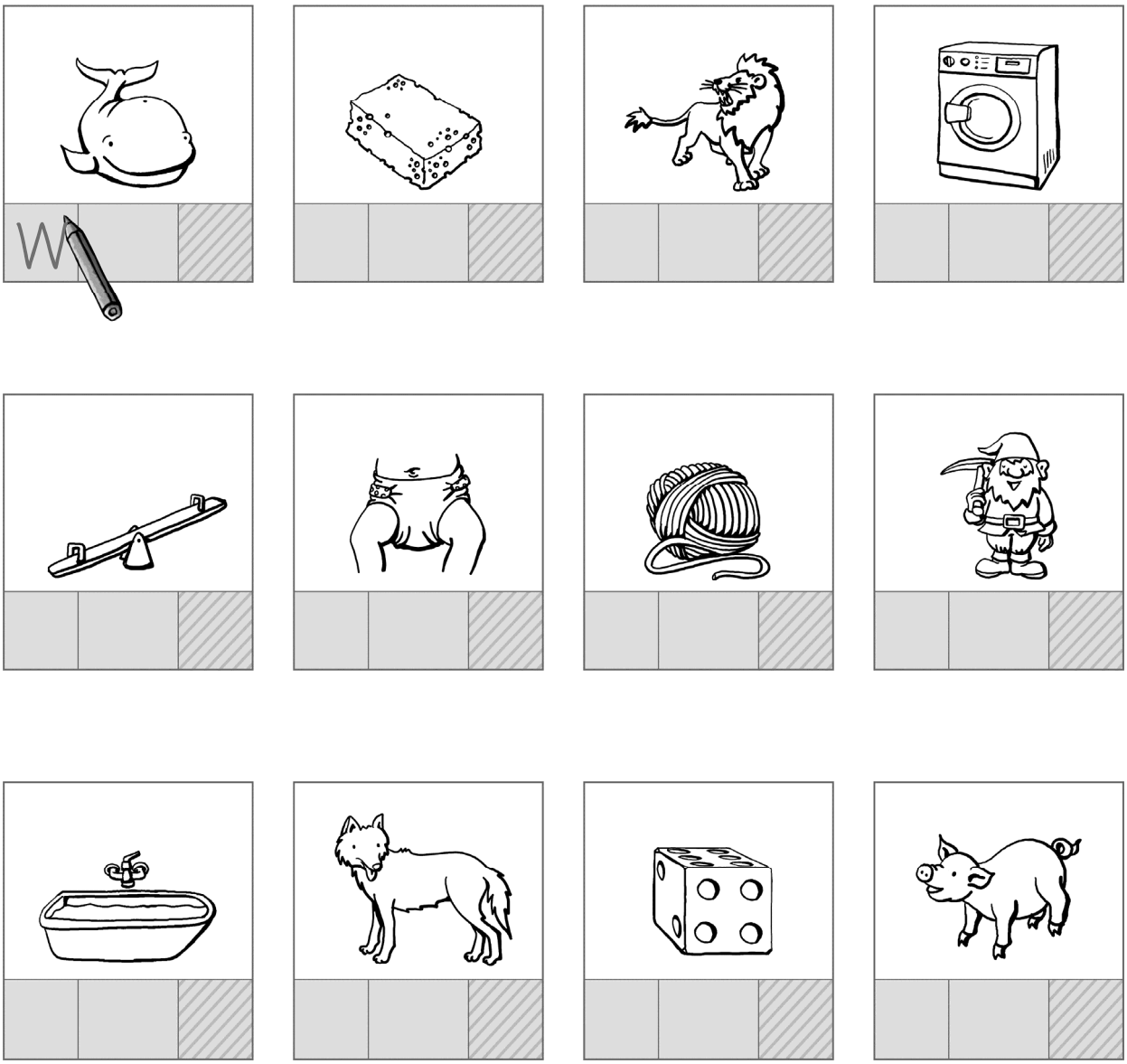
W w

Name: _____ Datum: _____

1



2

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