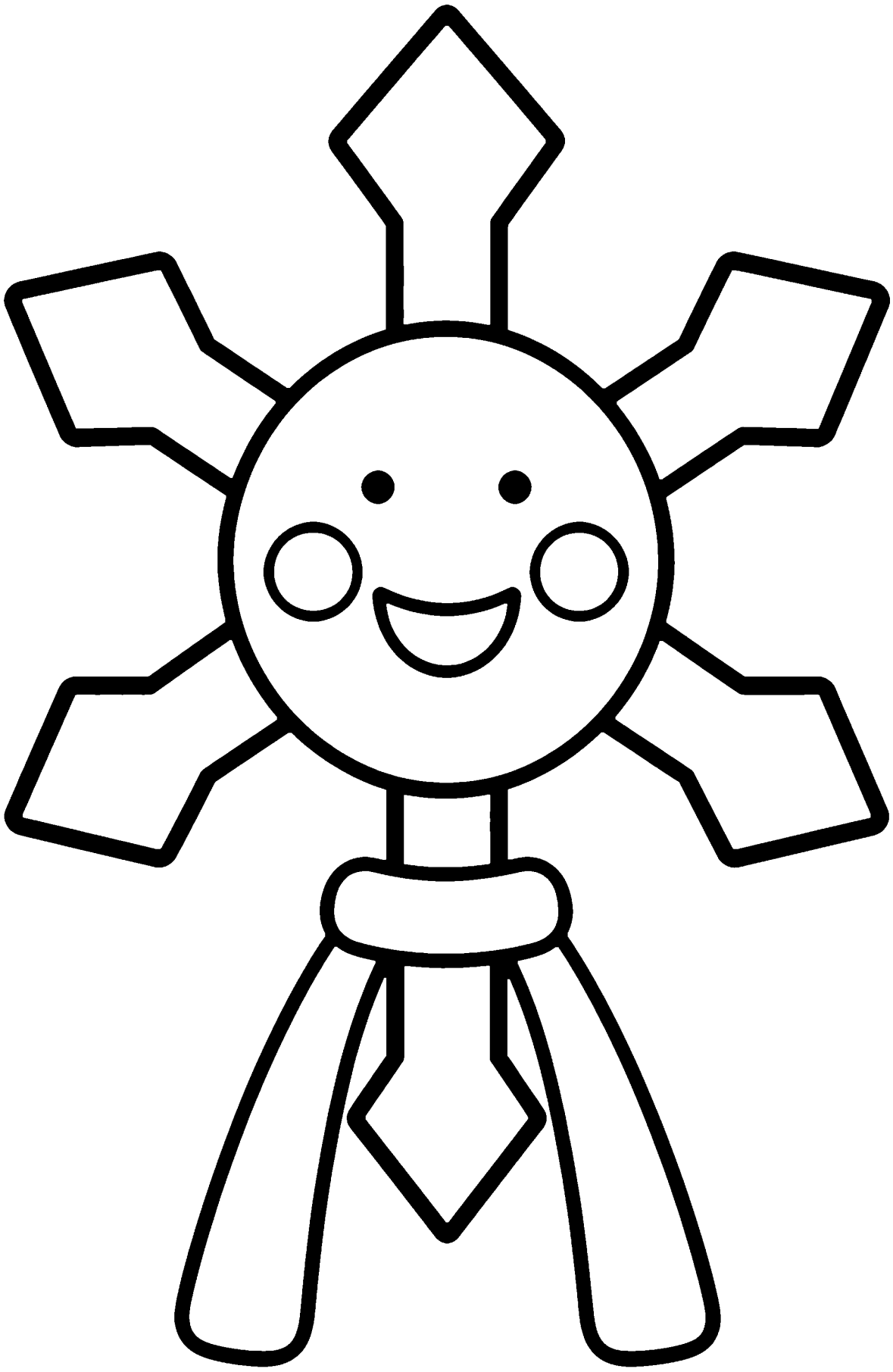
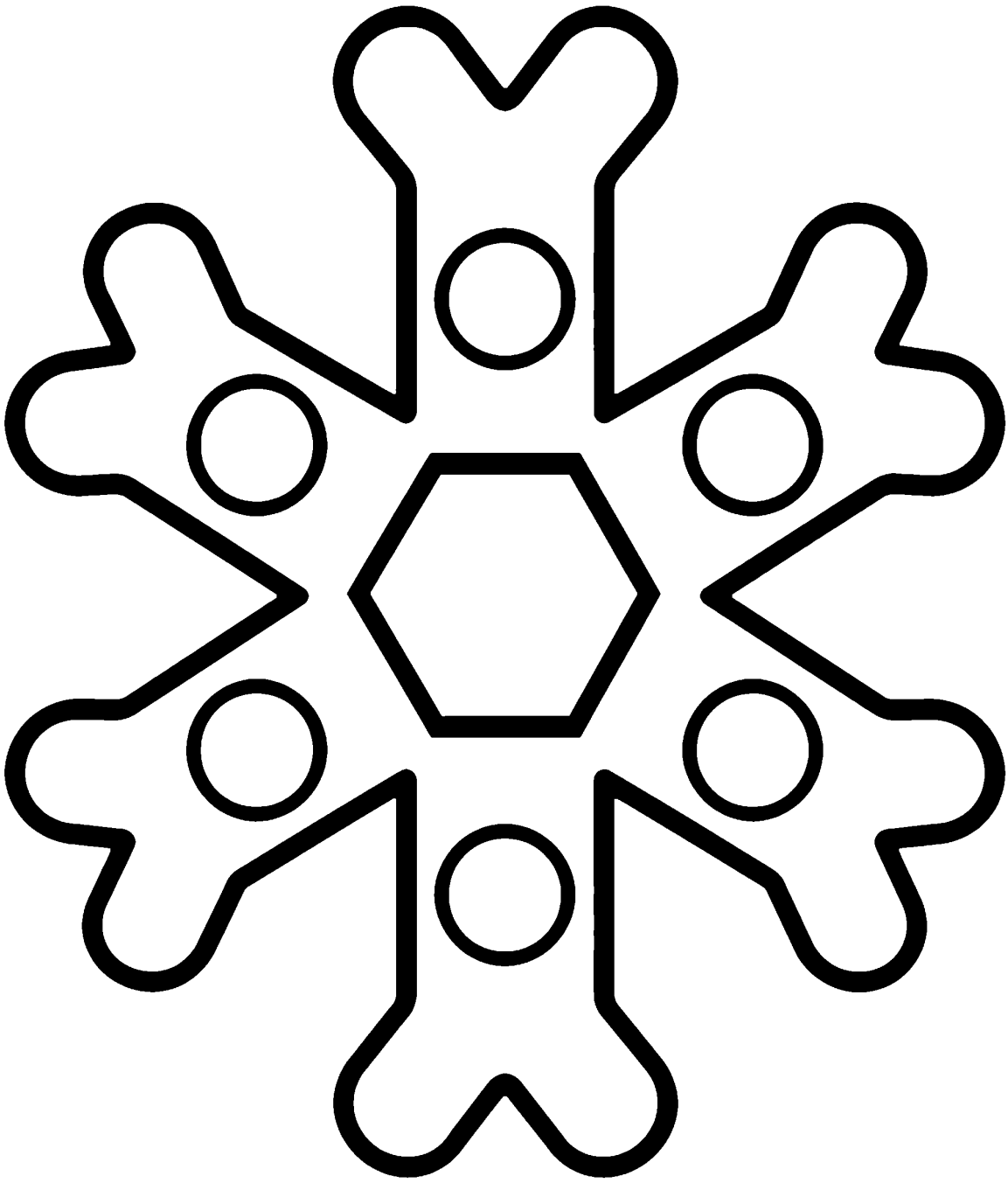
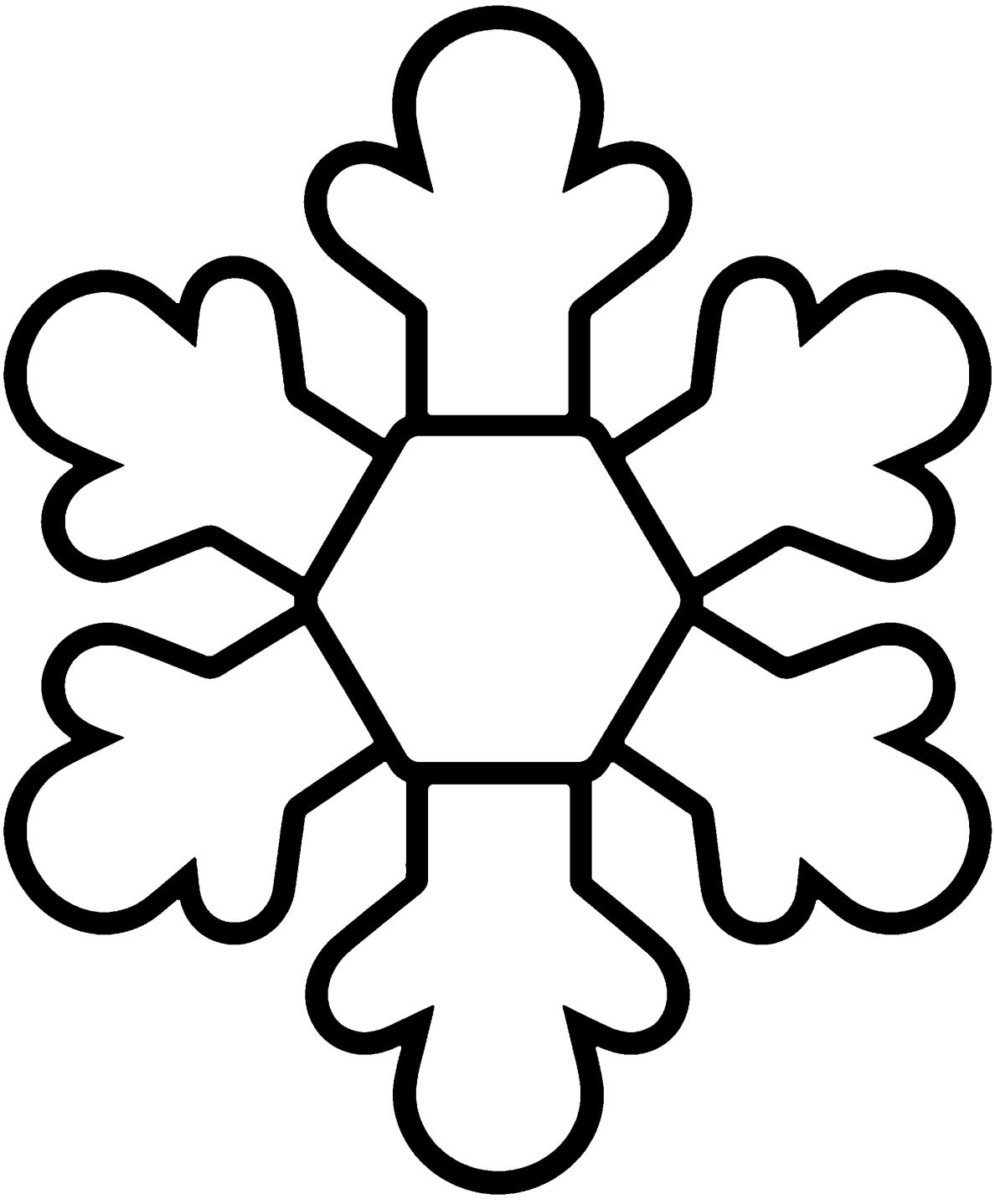


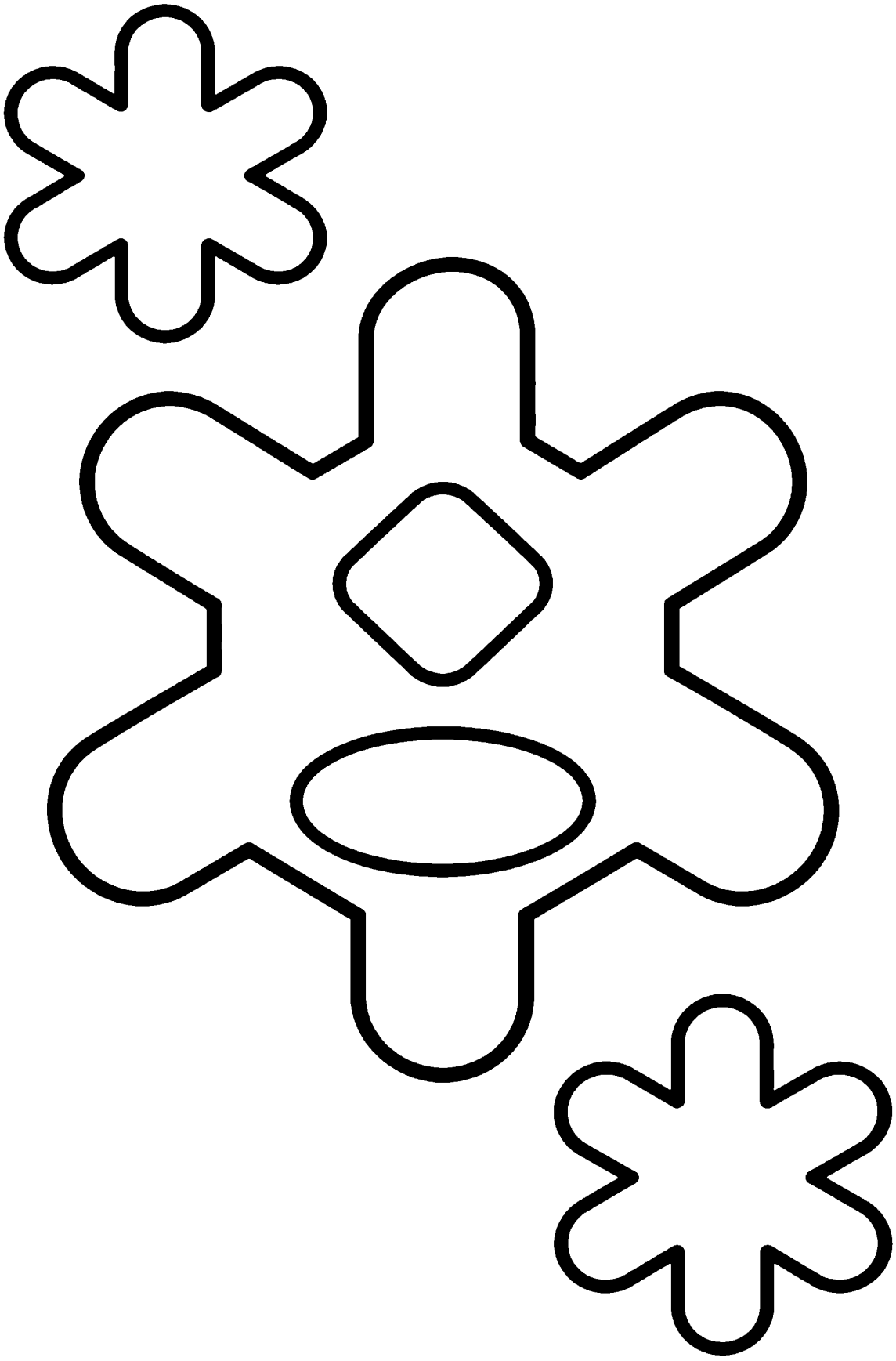
Nome: _____



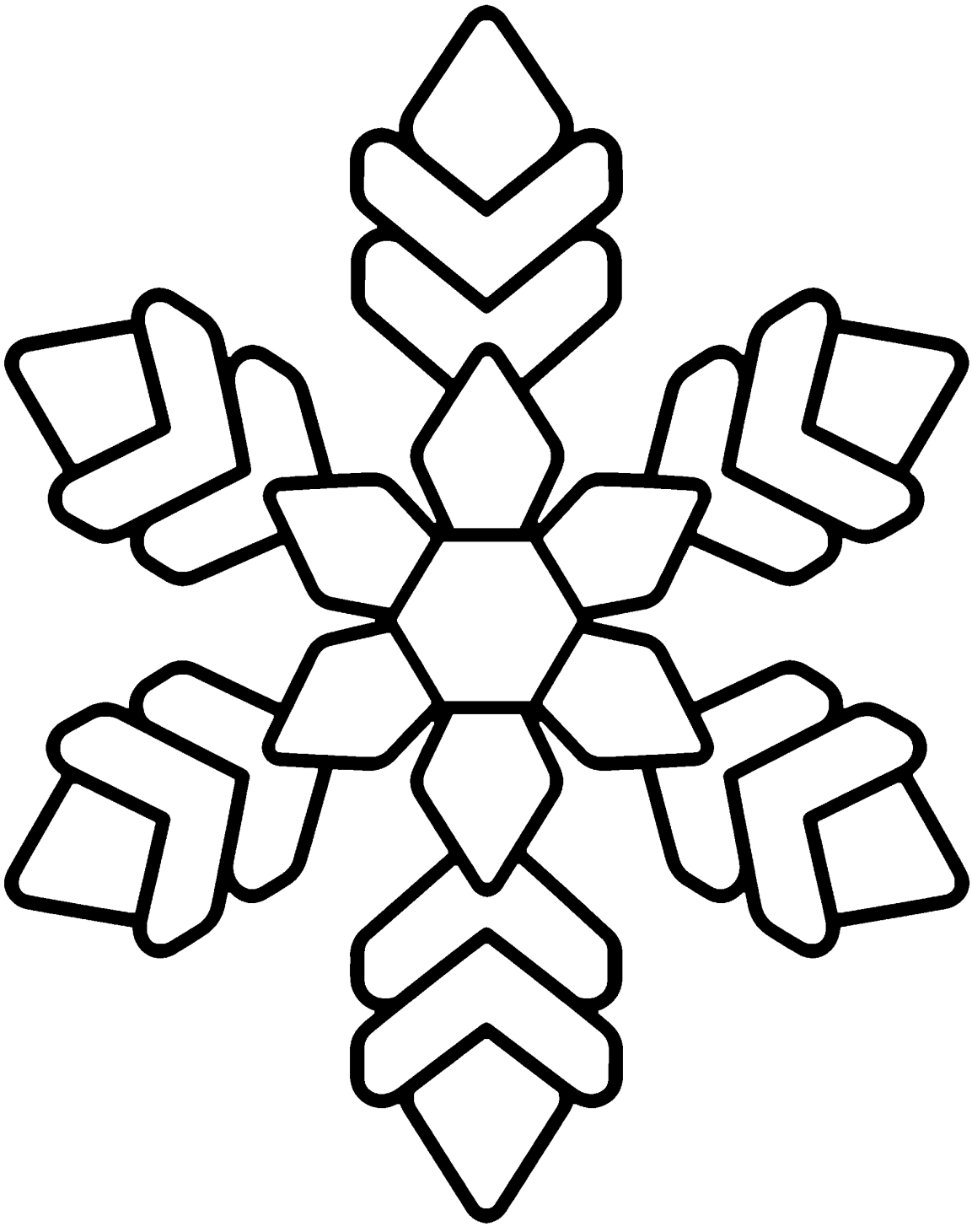
Nome: _____



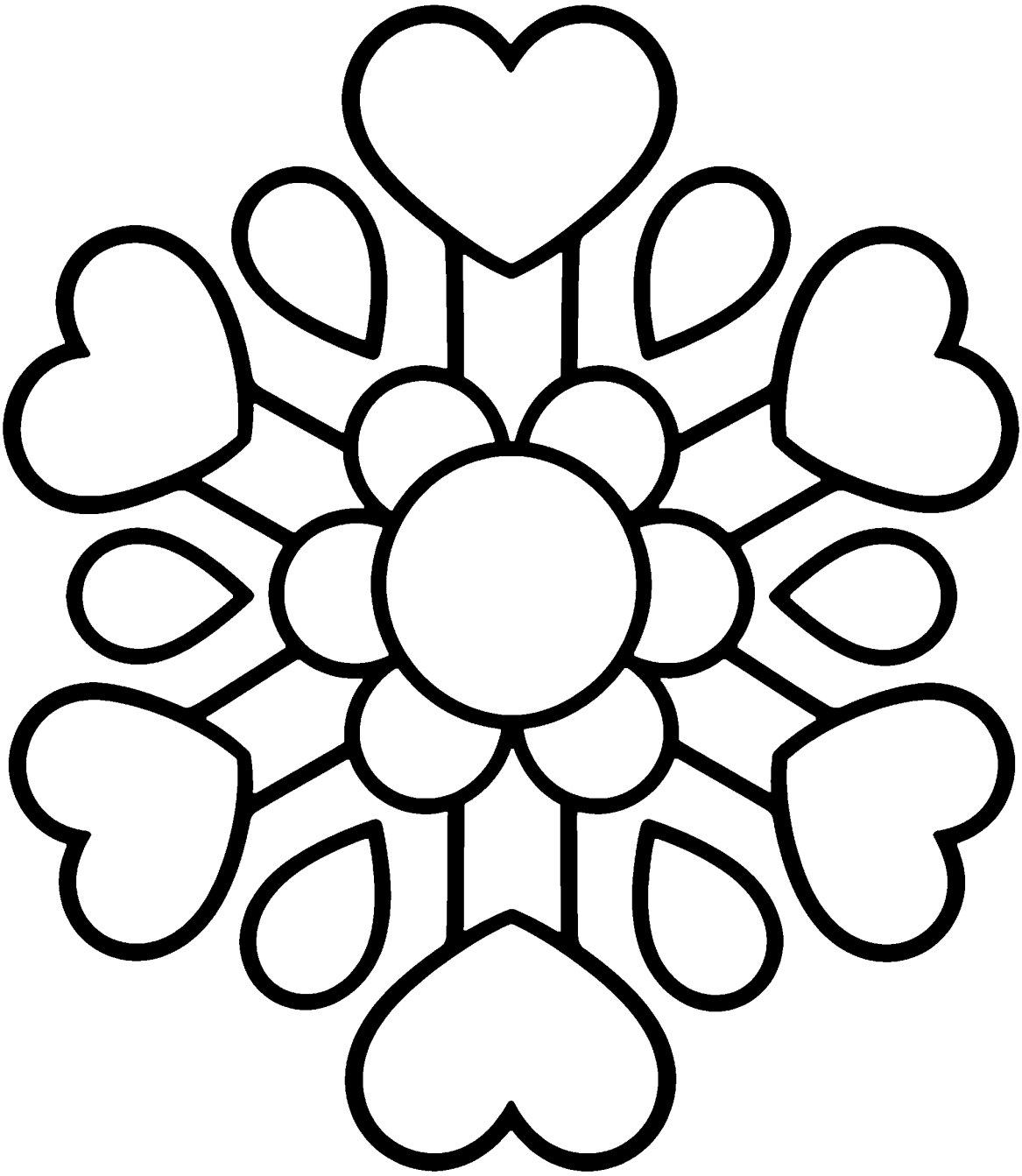
Nome: _____



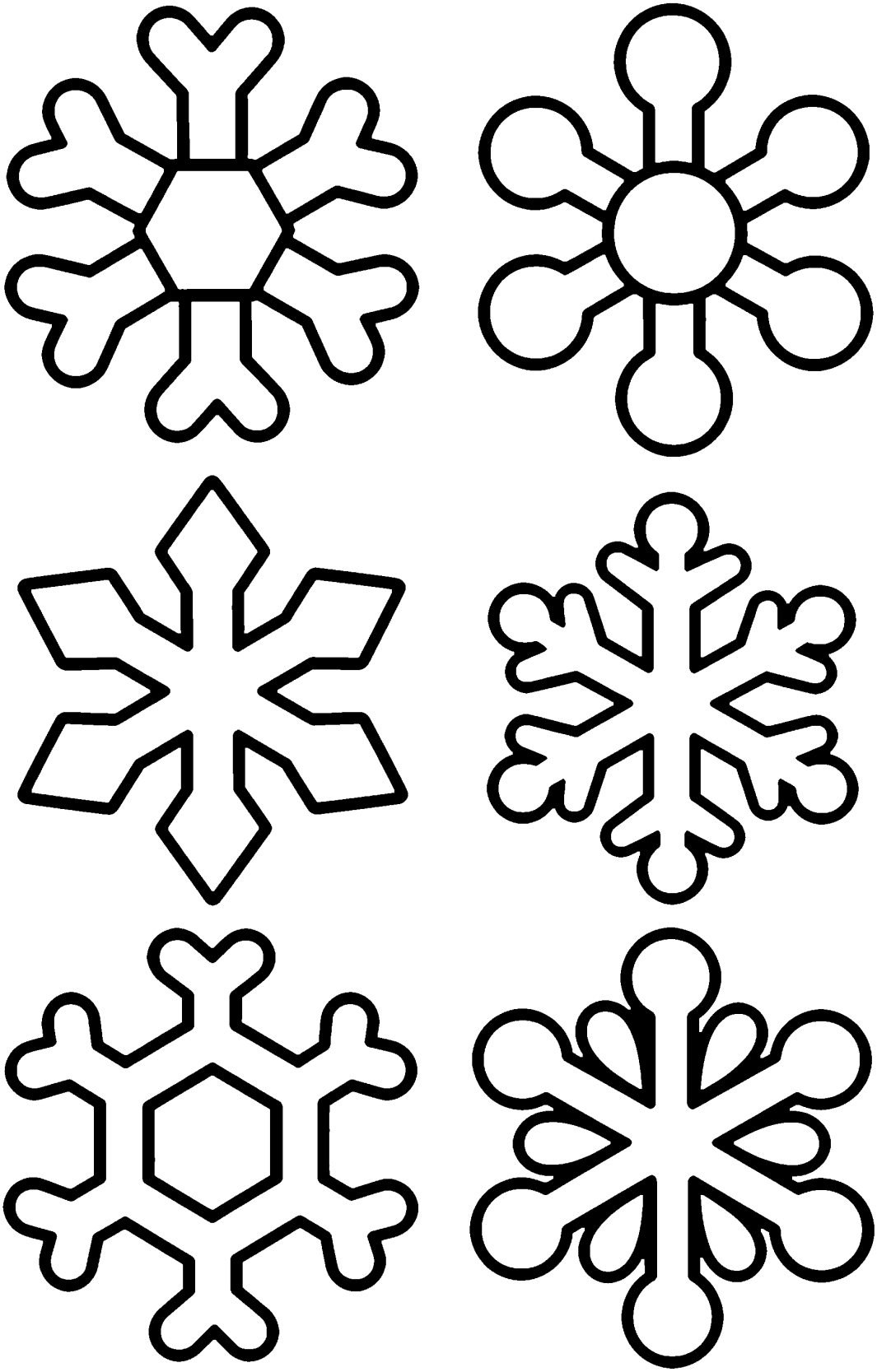
Nome: _____



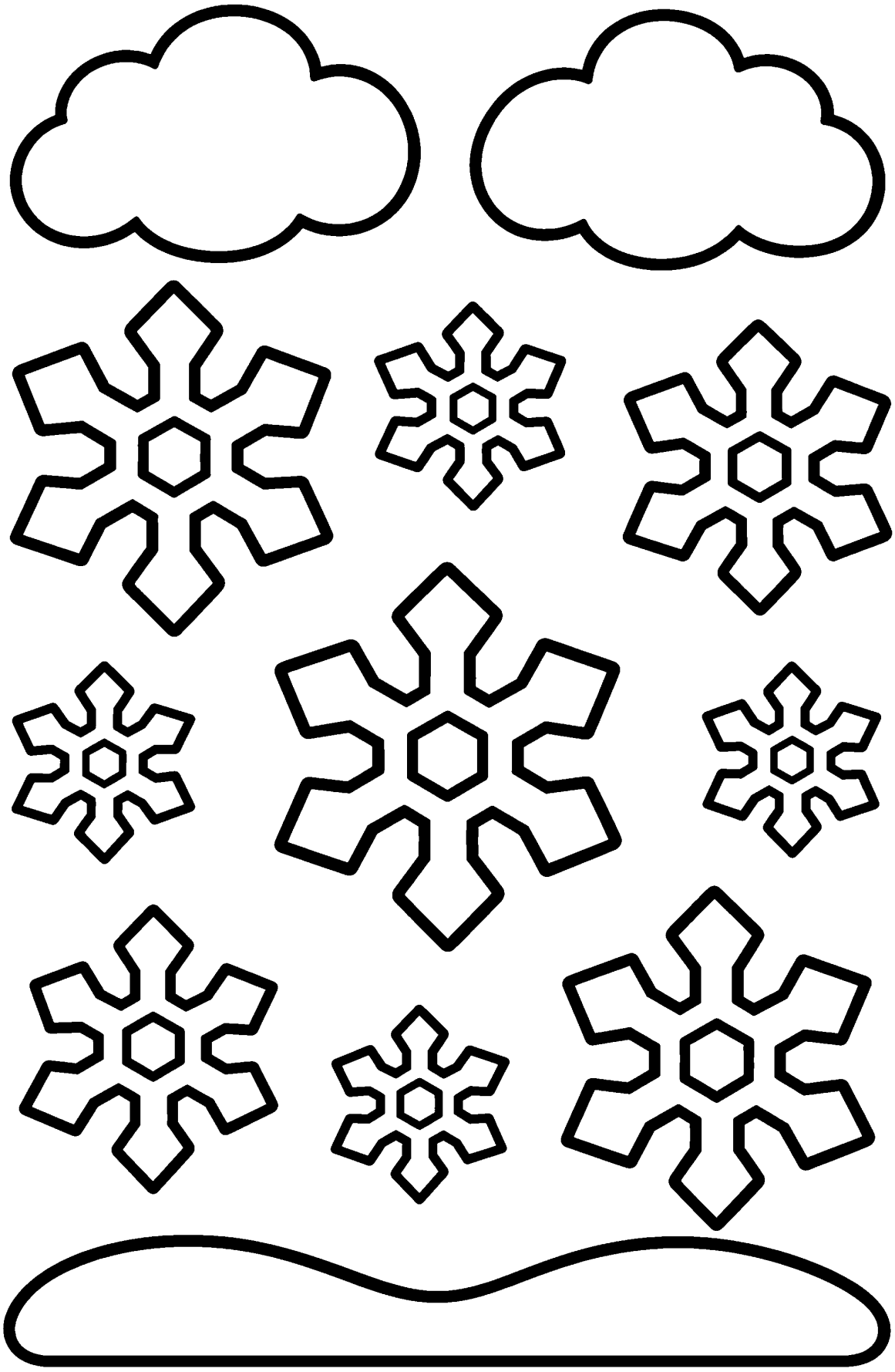
Nome: _____



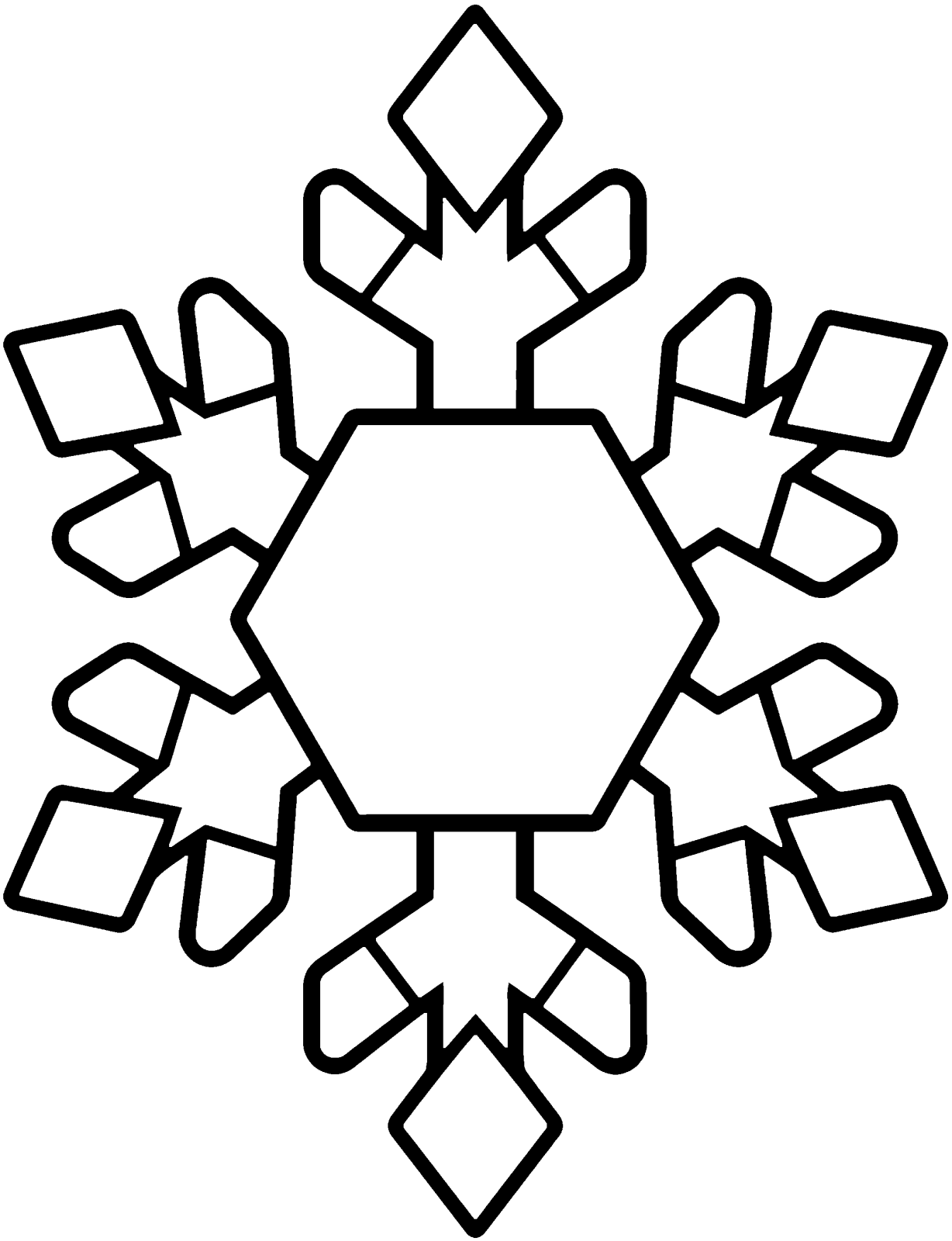
Nome: _____



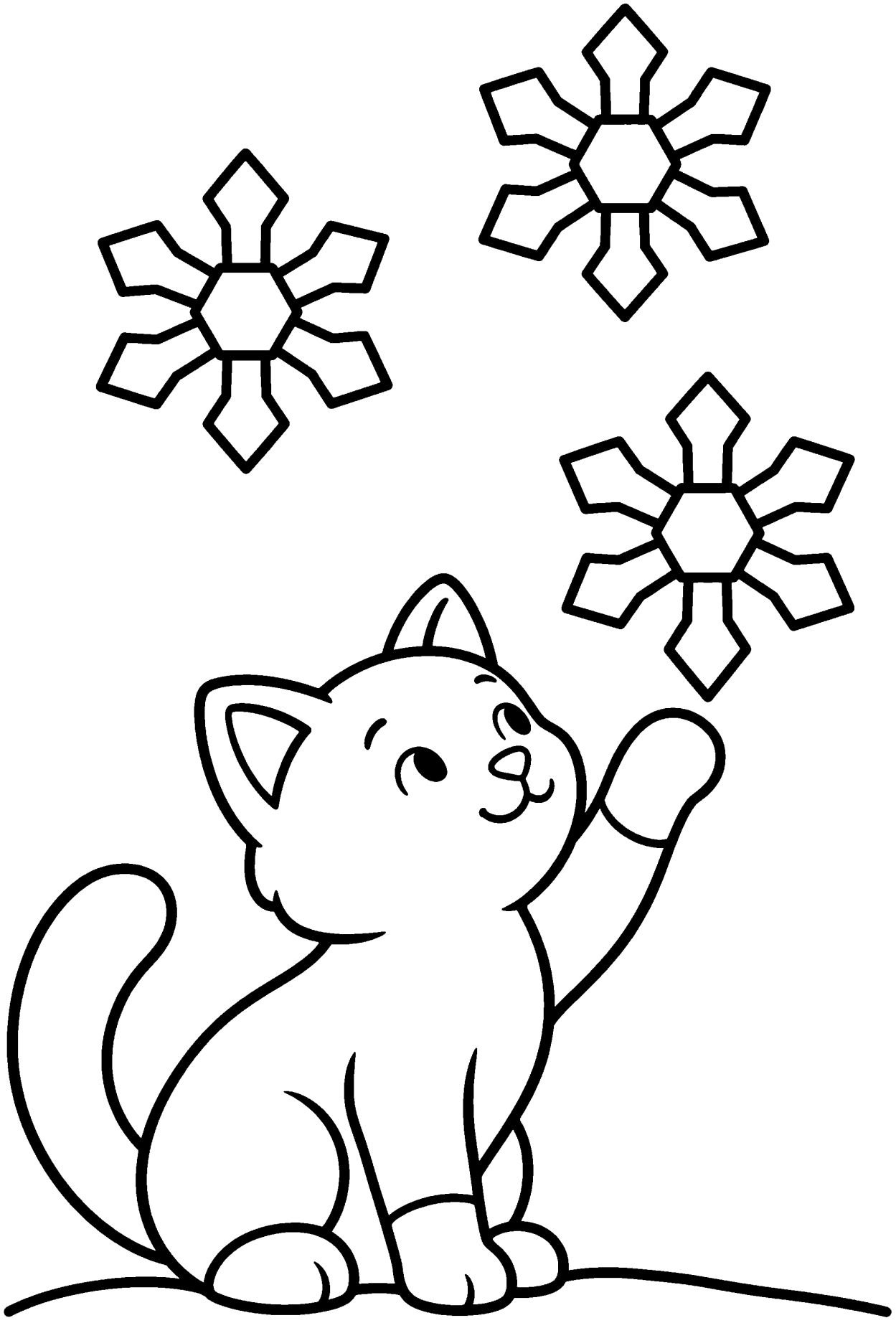
Nome: _____



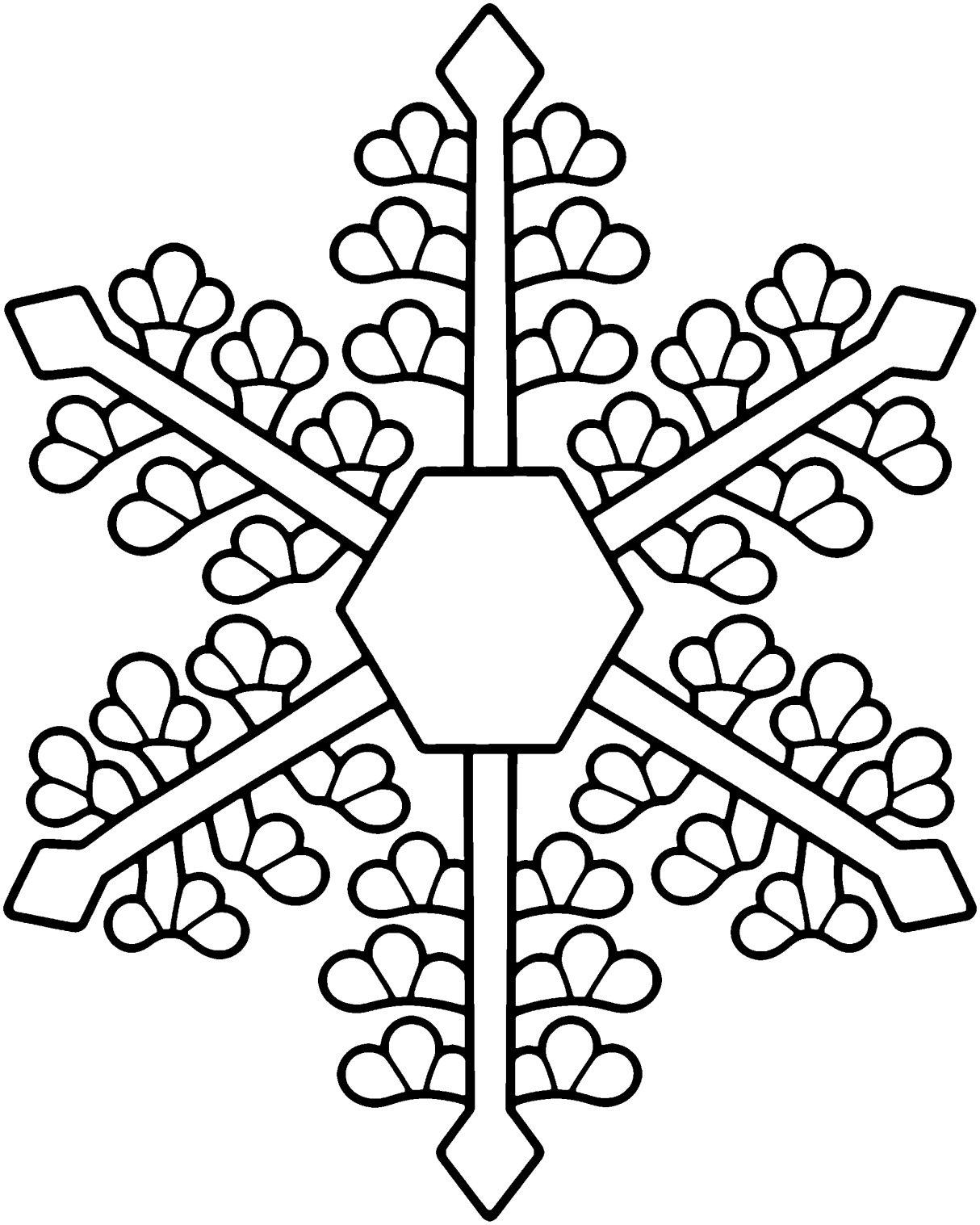
Nome: _____



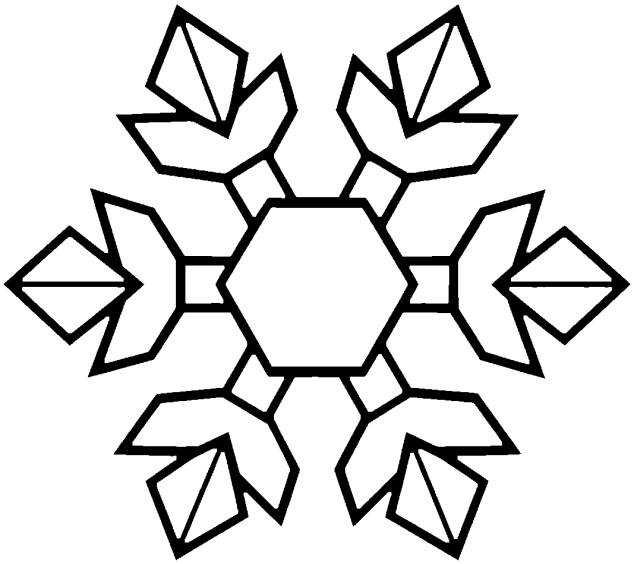
Nome: _____

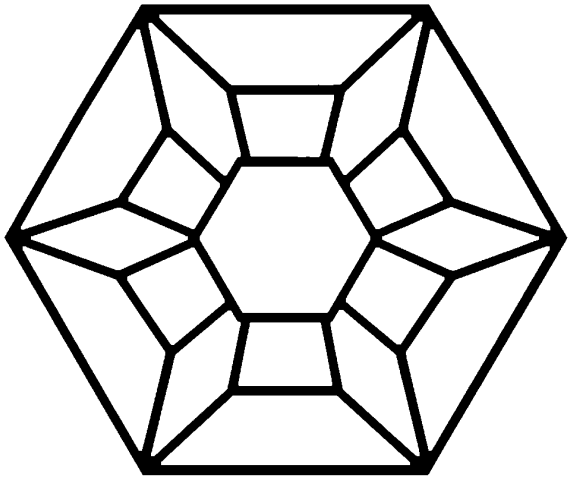


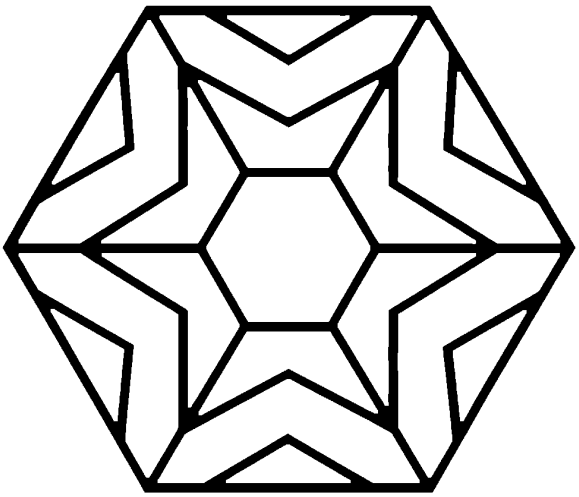
Nome: _____



Nome: _____



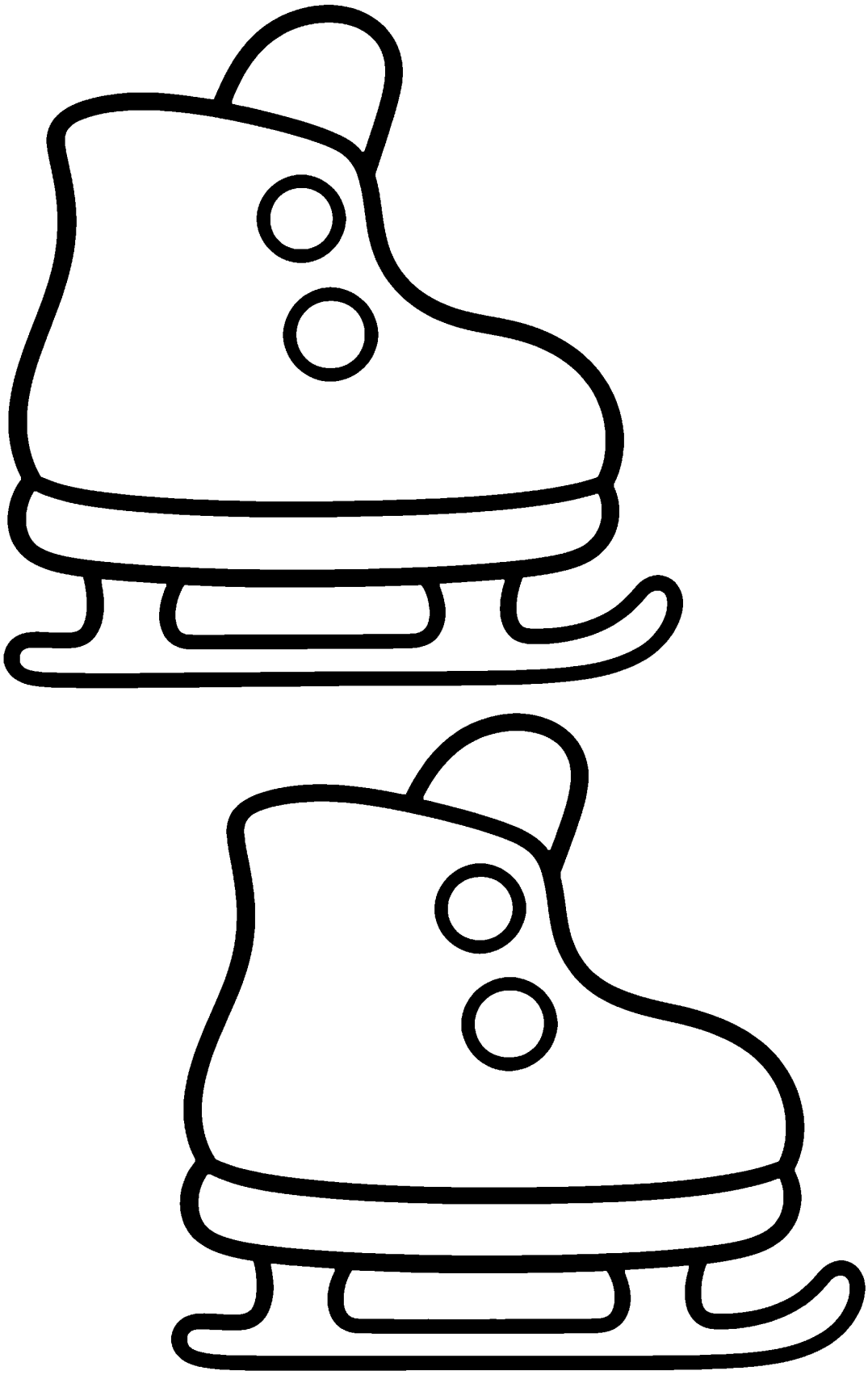




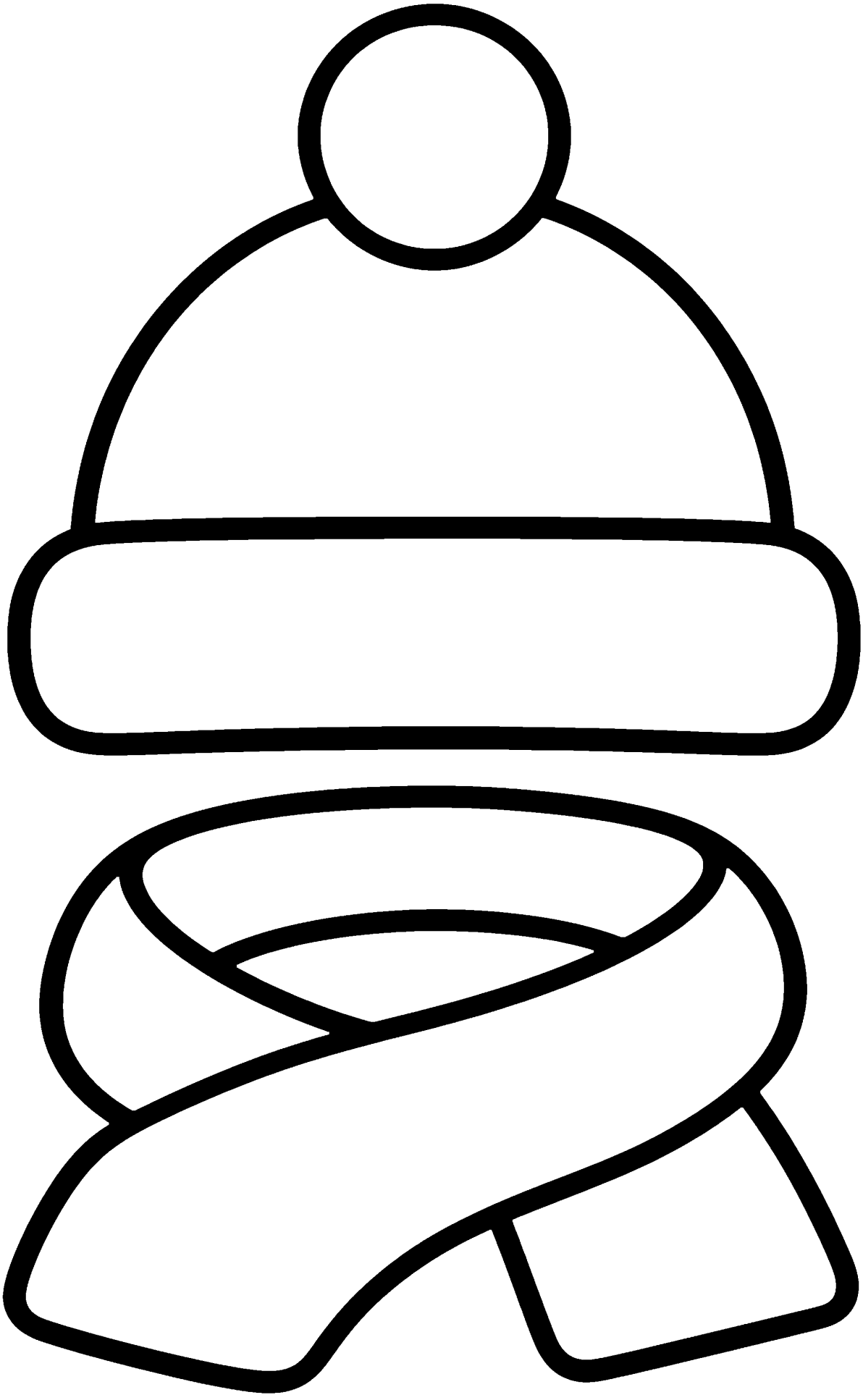
Nome: _____



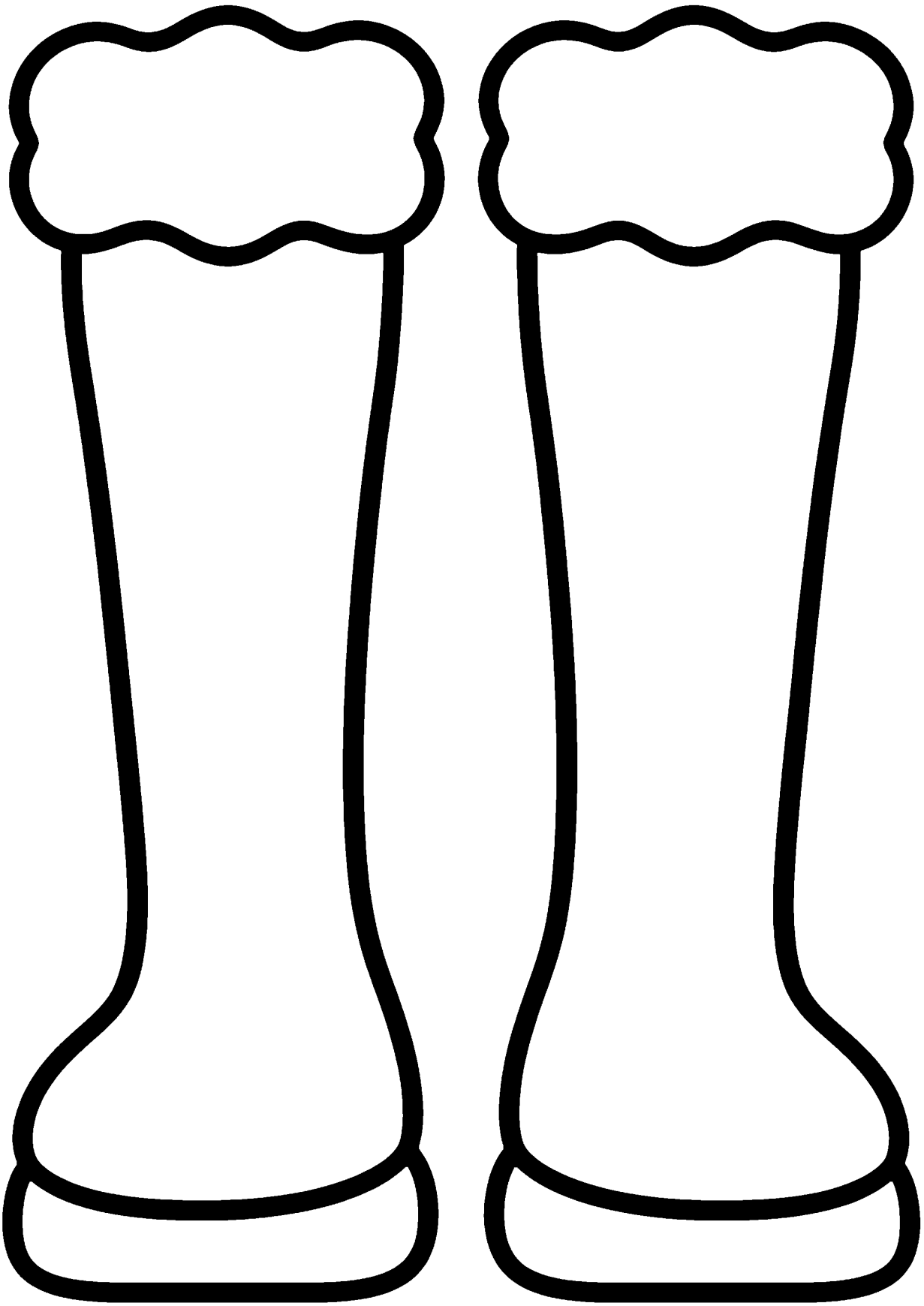
Nome: _____



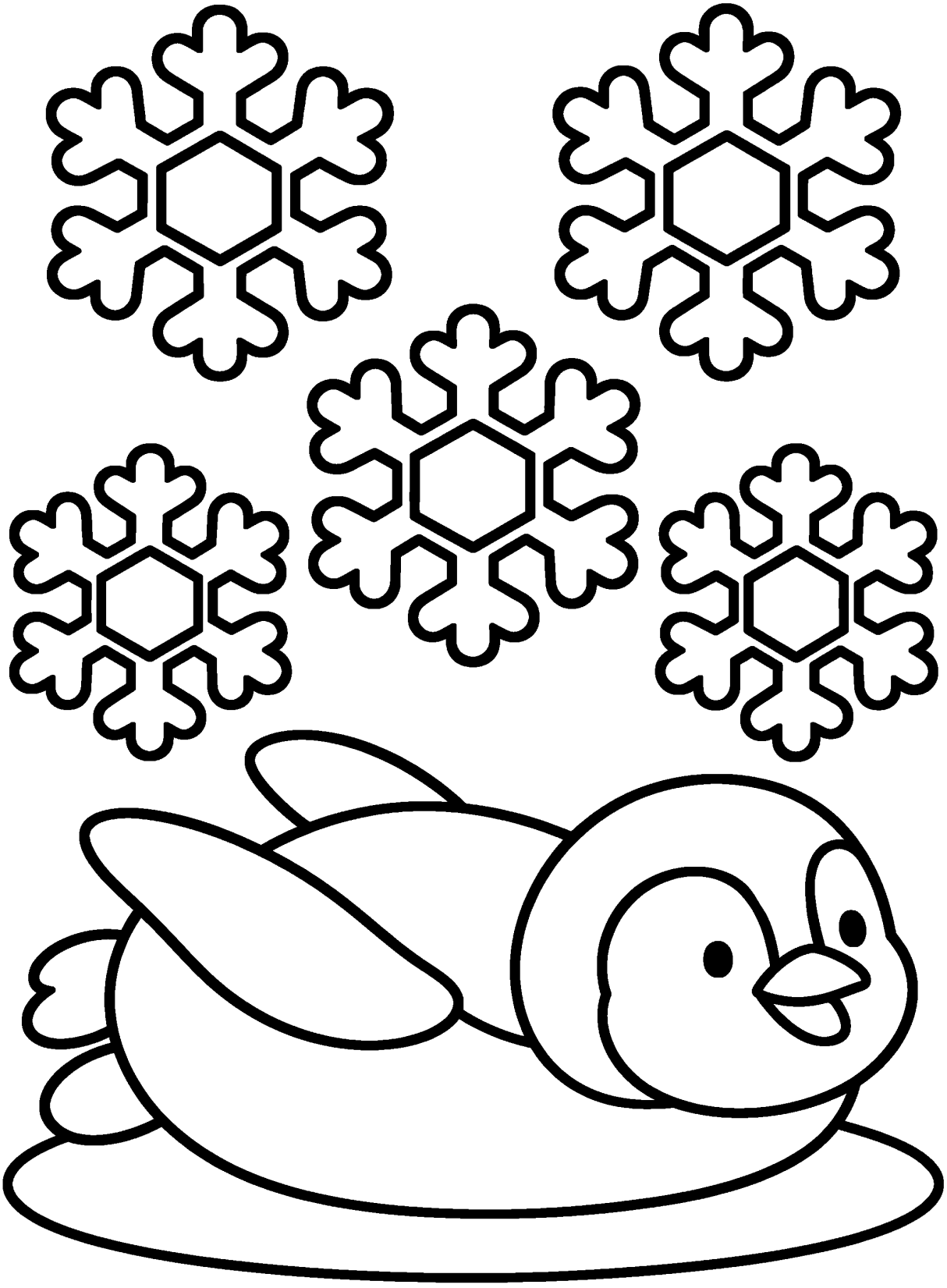
Nome: _____



Nome: _____



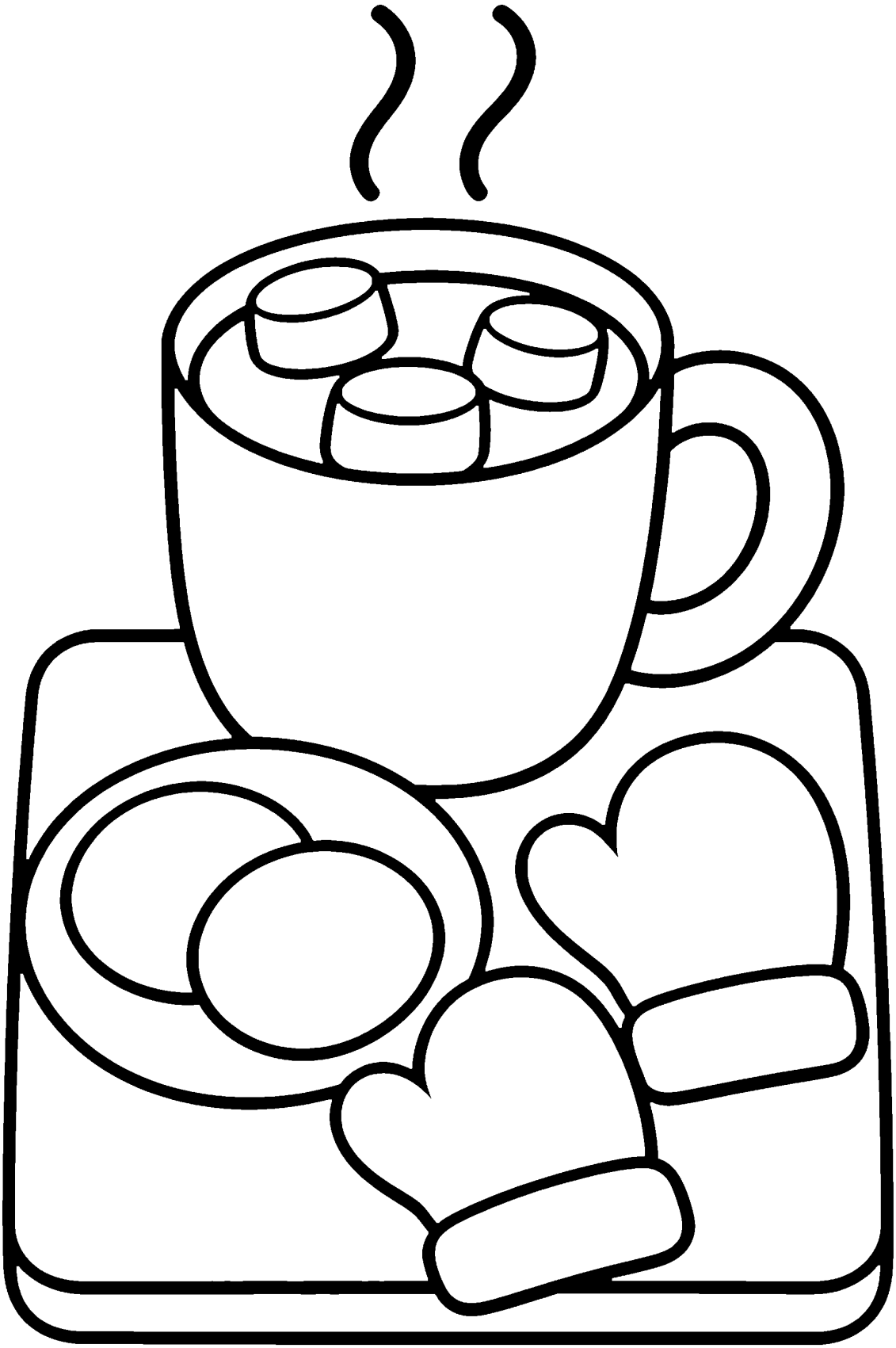
Nome: _____



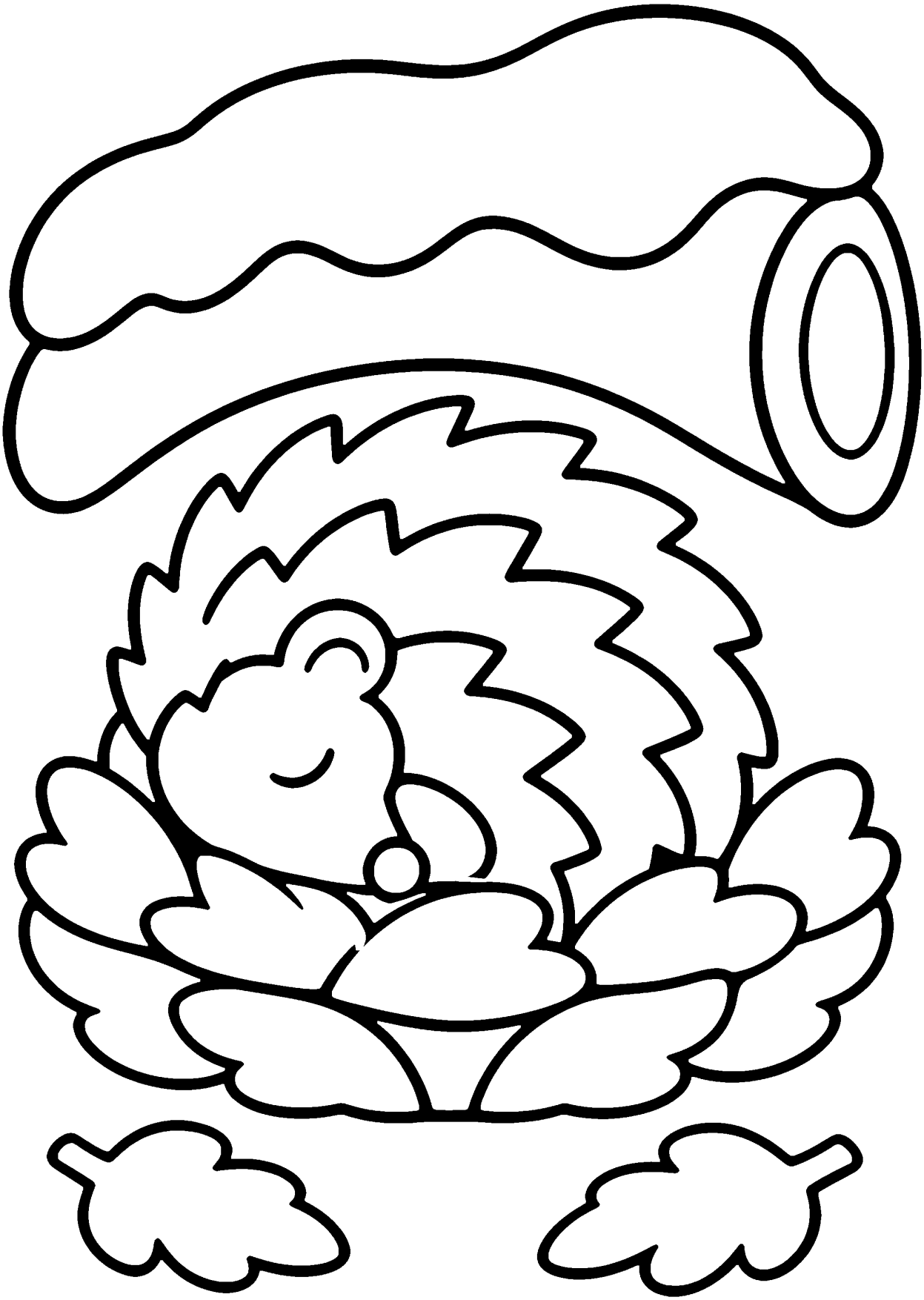
Nome: _____



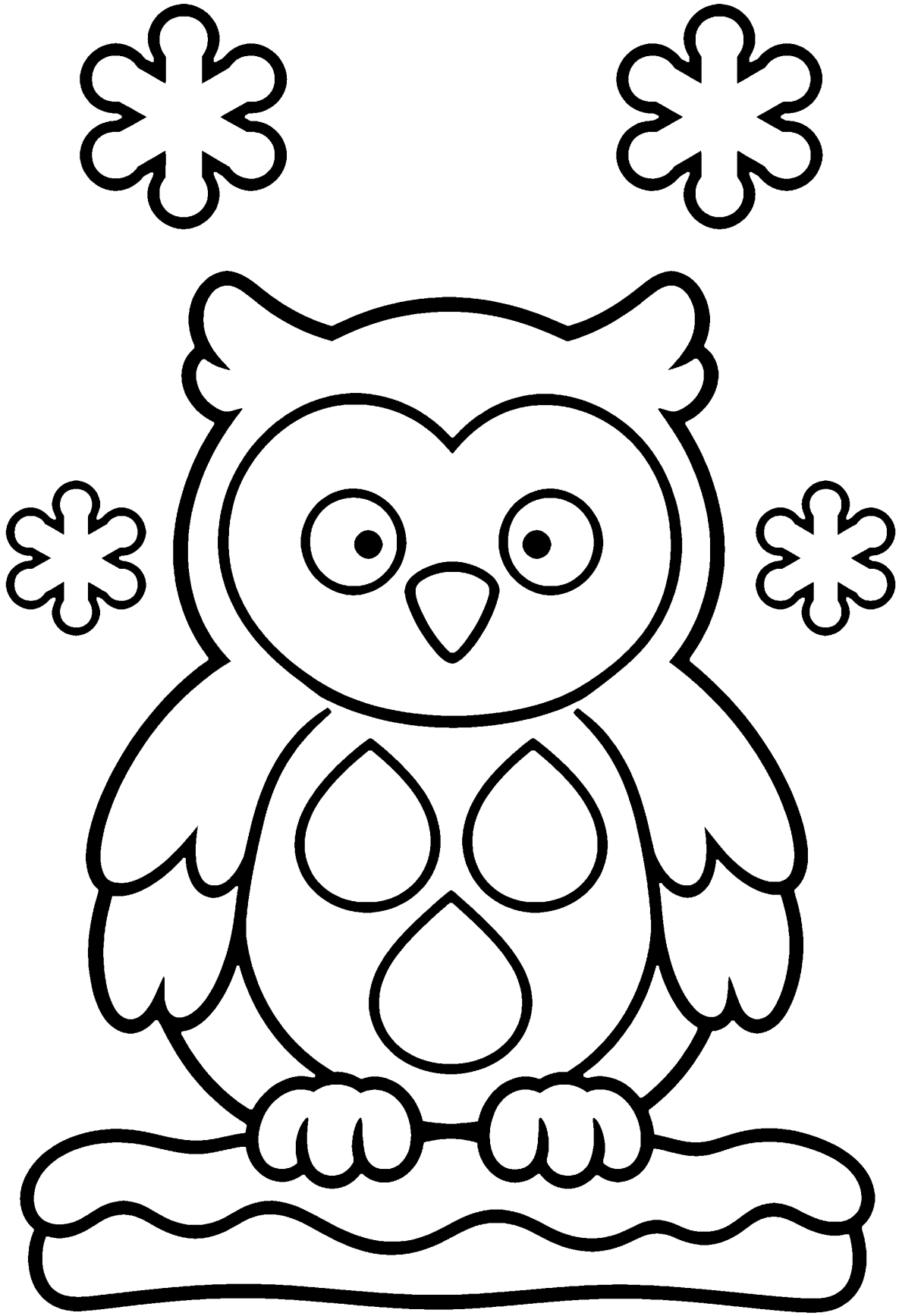
Nome: _____



Nome: _____



Nome: _____



Nome: _____



Nome: _____



Nome: _____



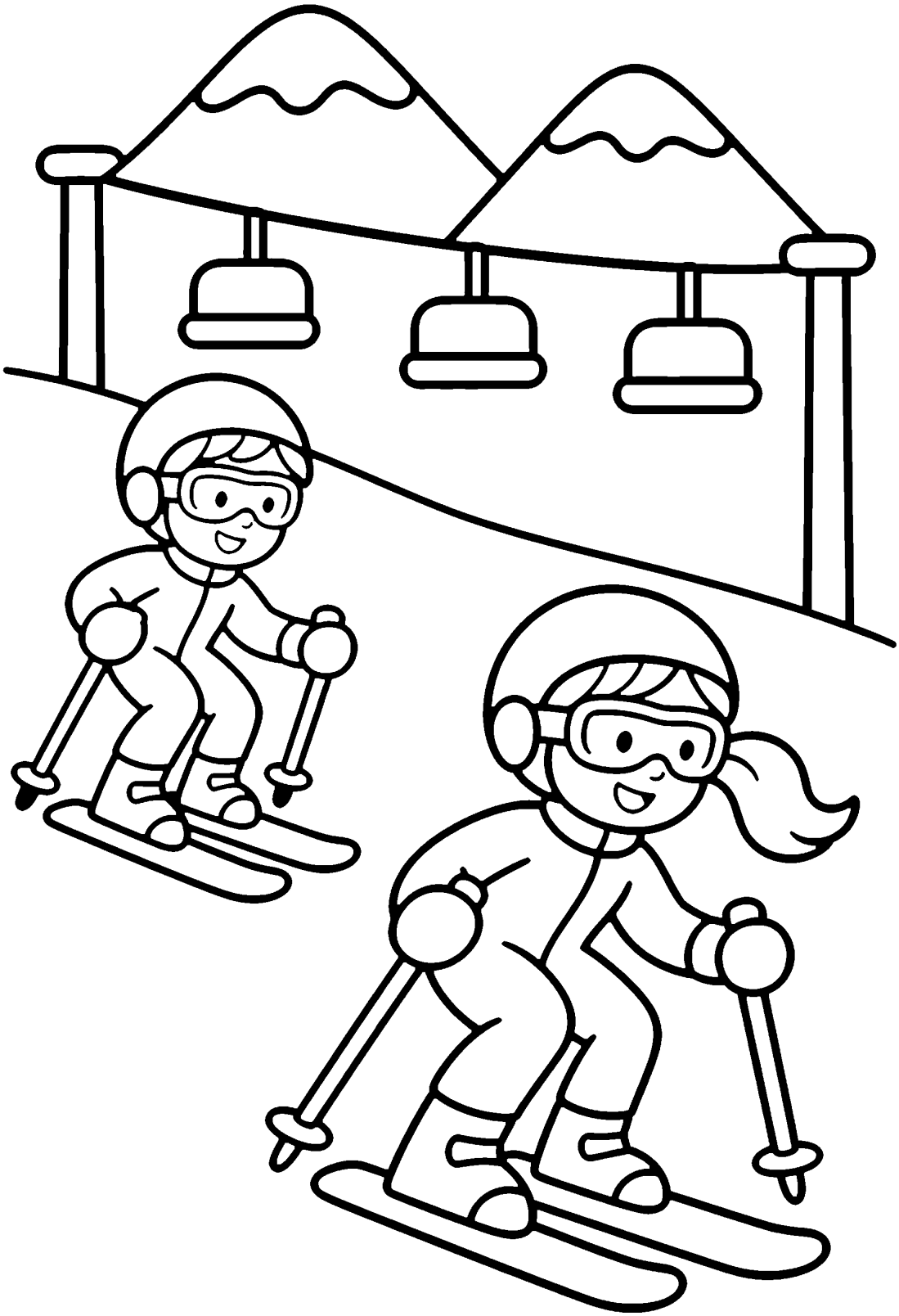
Nome: _____



Nome: _____



Nome: _____



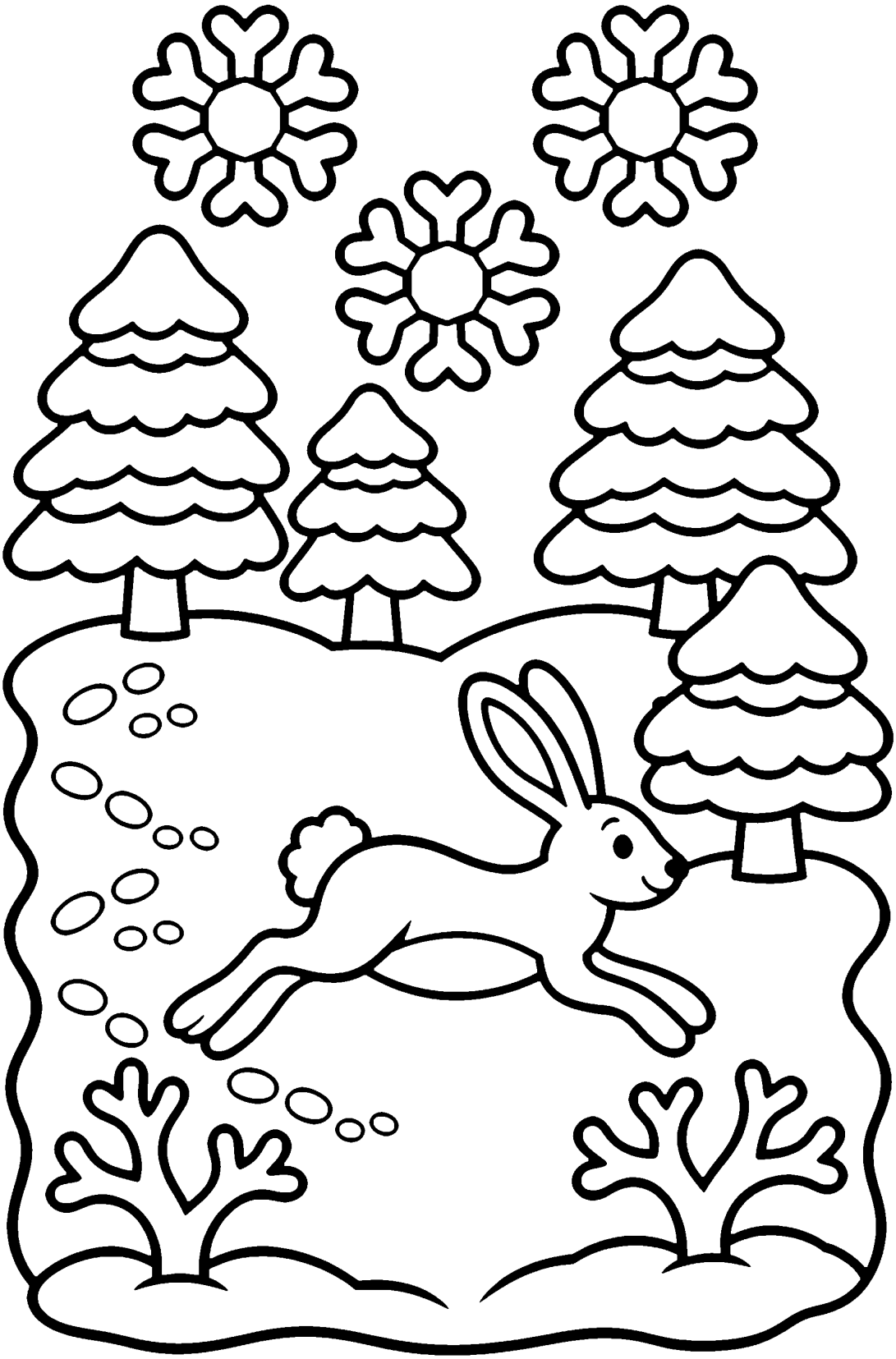
Nome: _____



Nome: _____



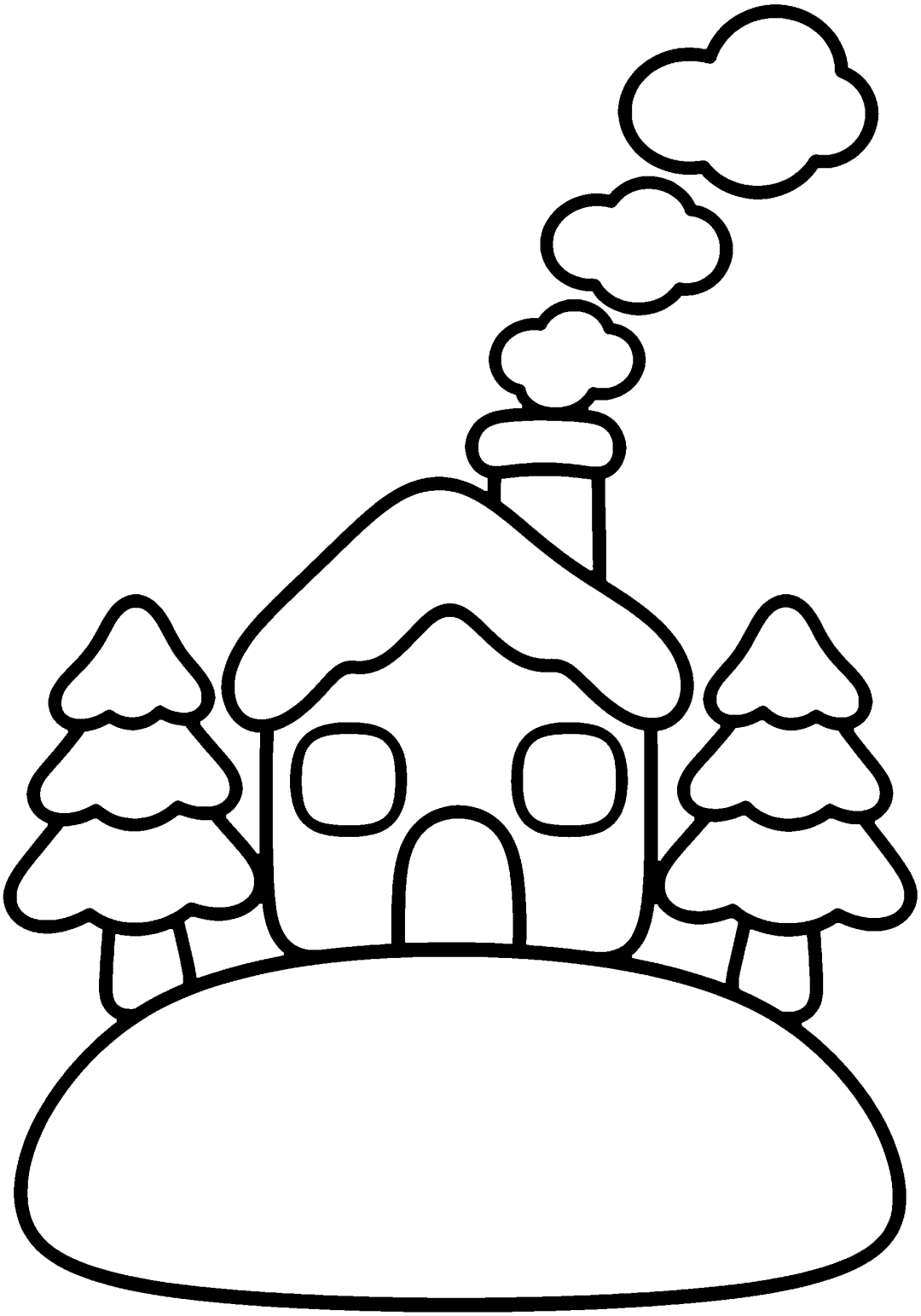
Nome: _____



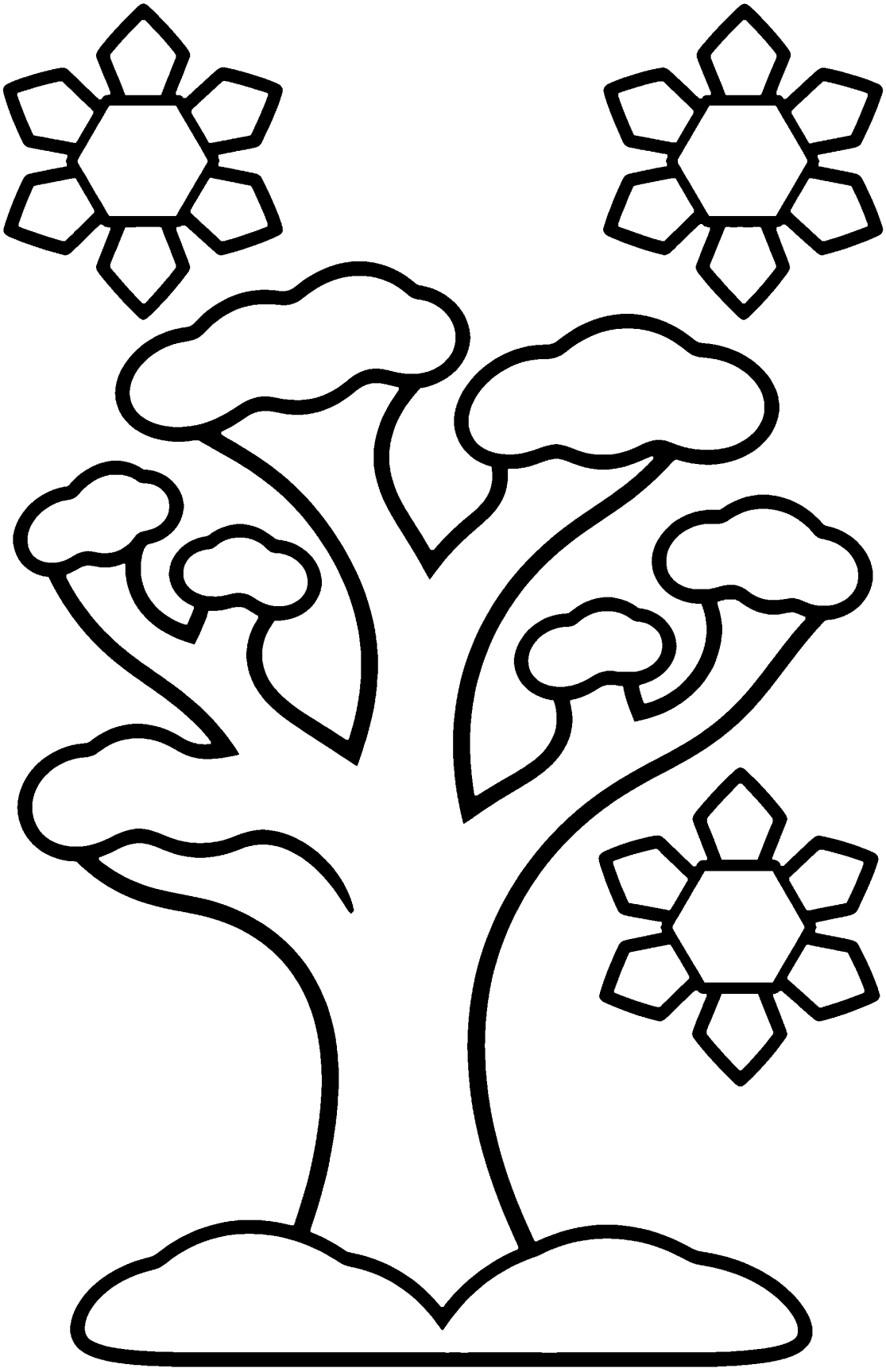
Nome: _____



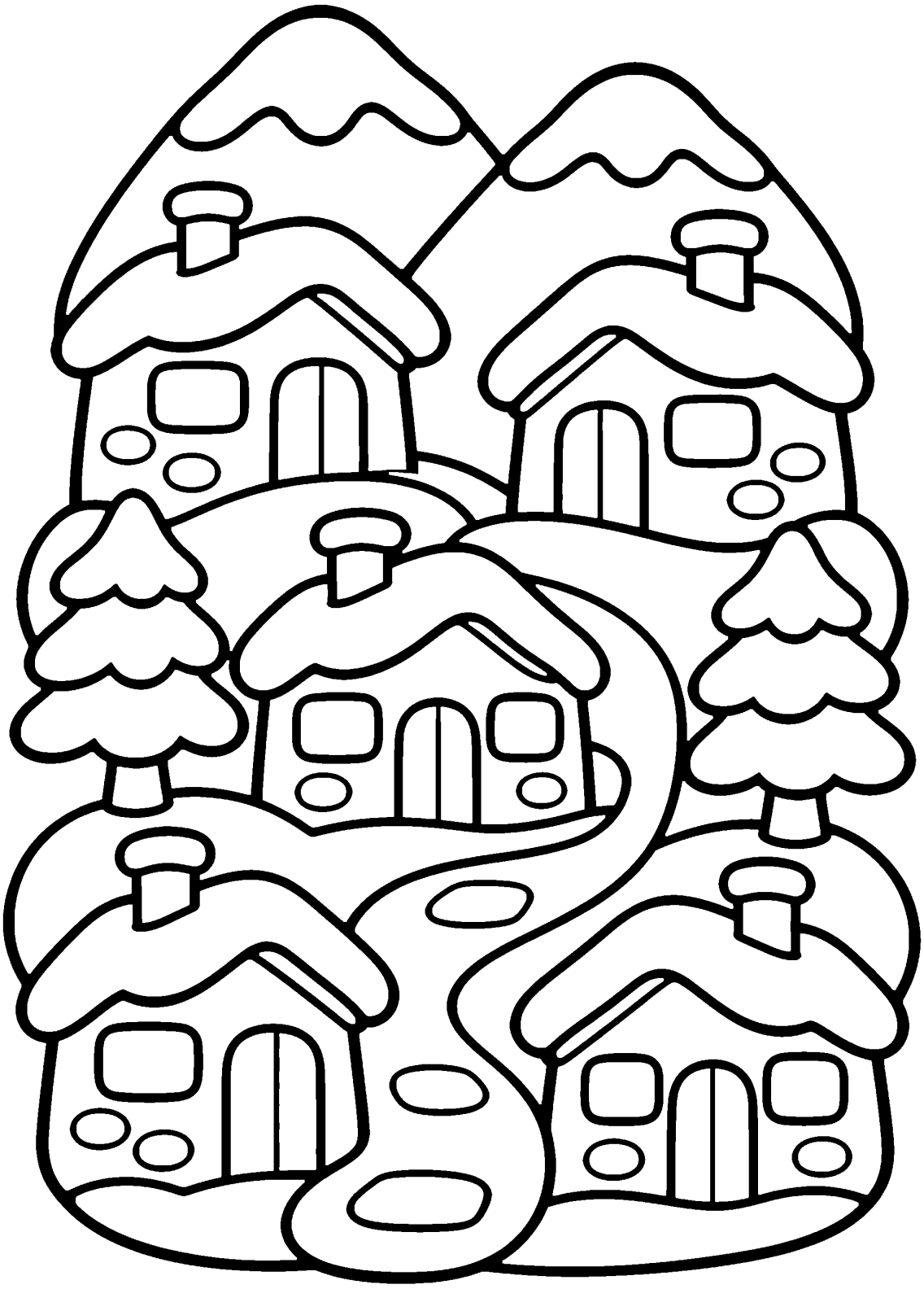
Nome: _____



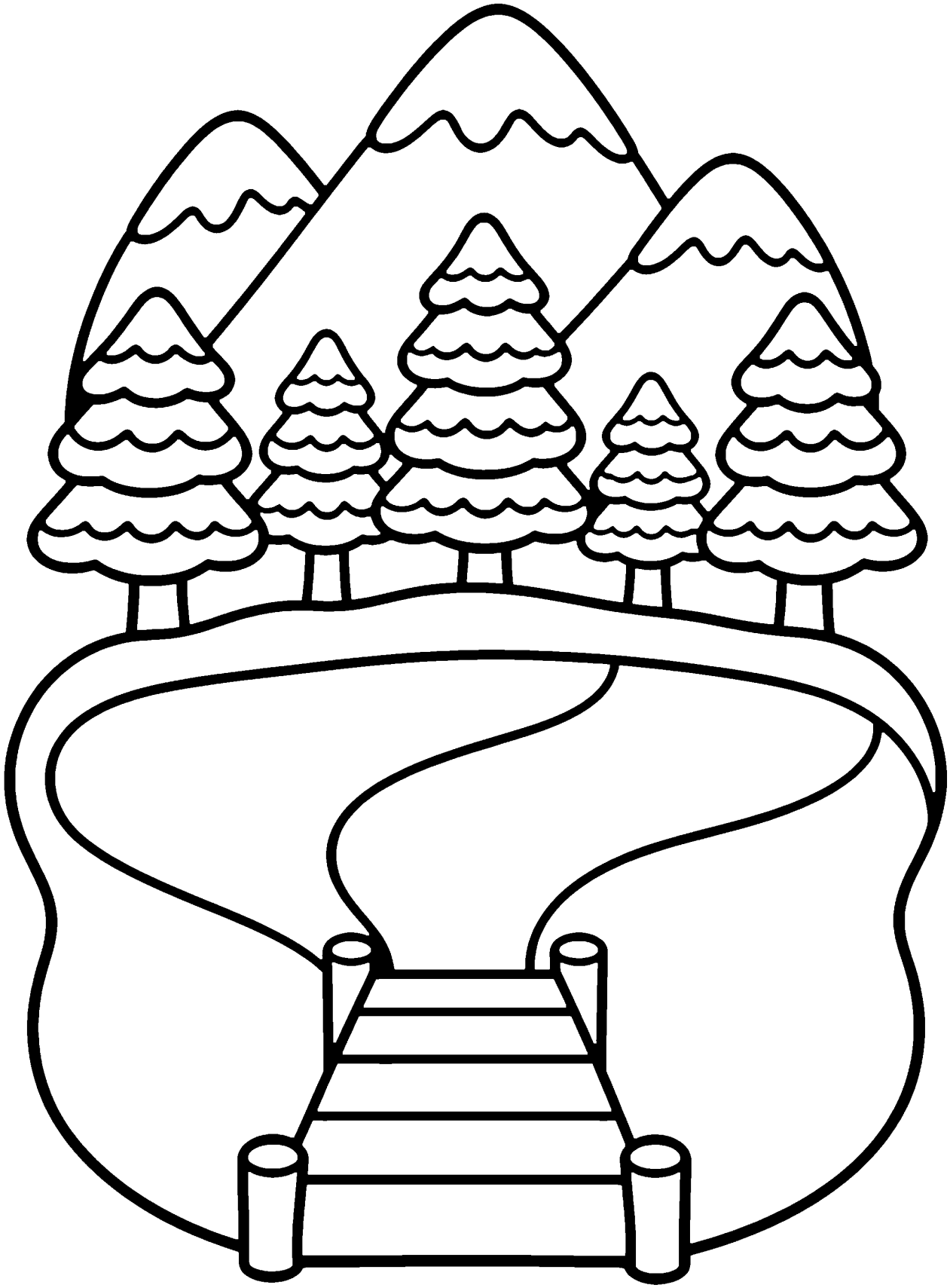
Nome: _____



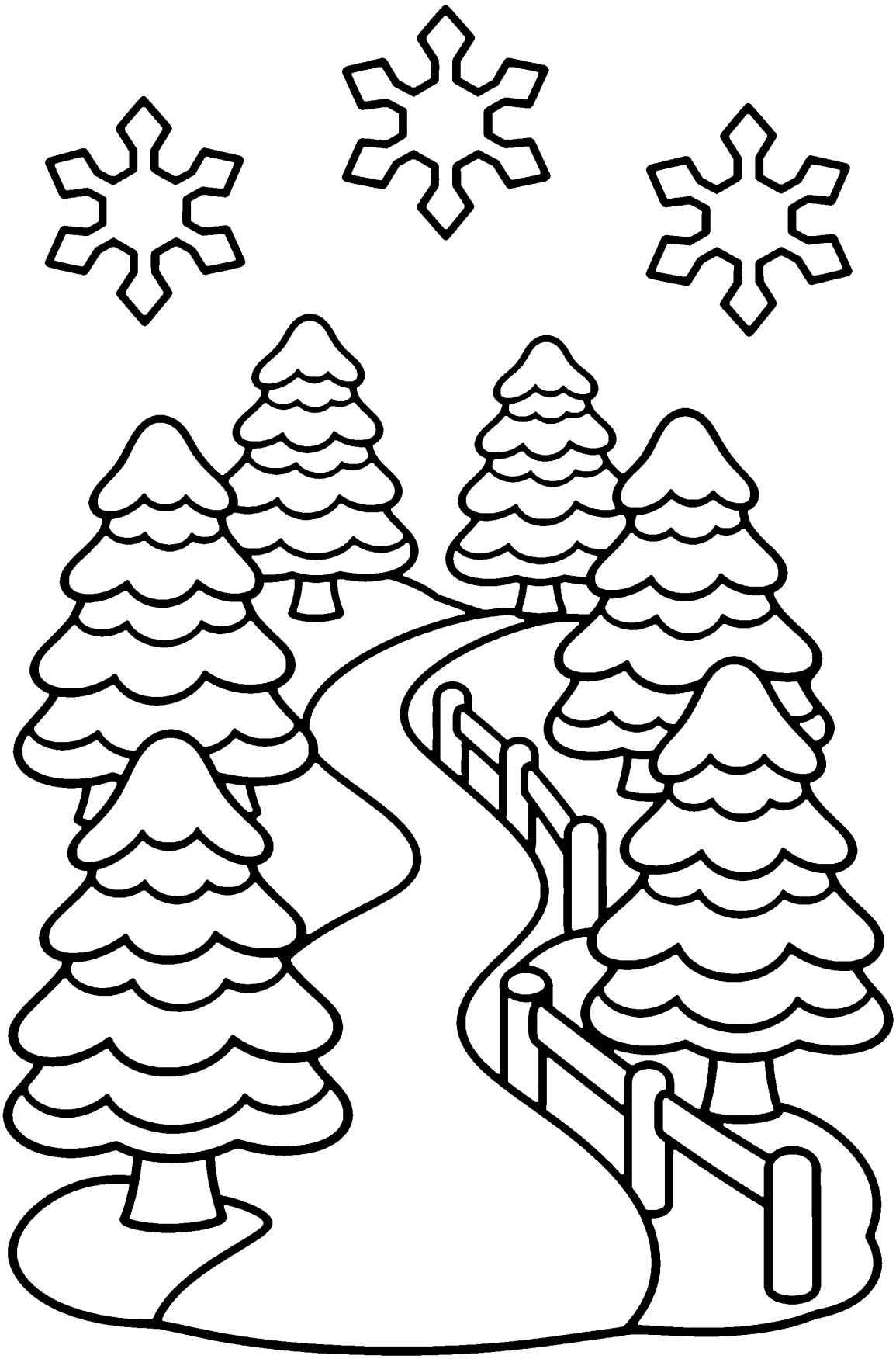
Nome: _____



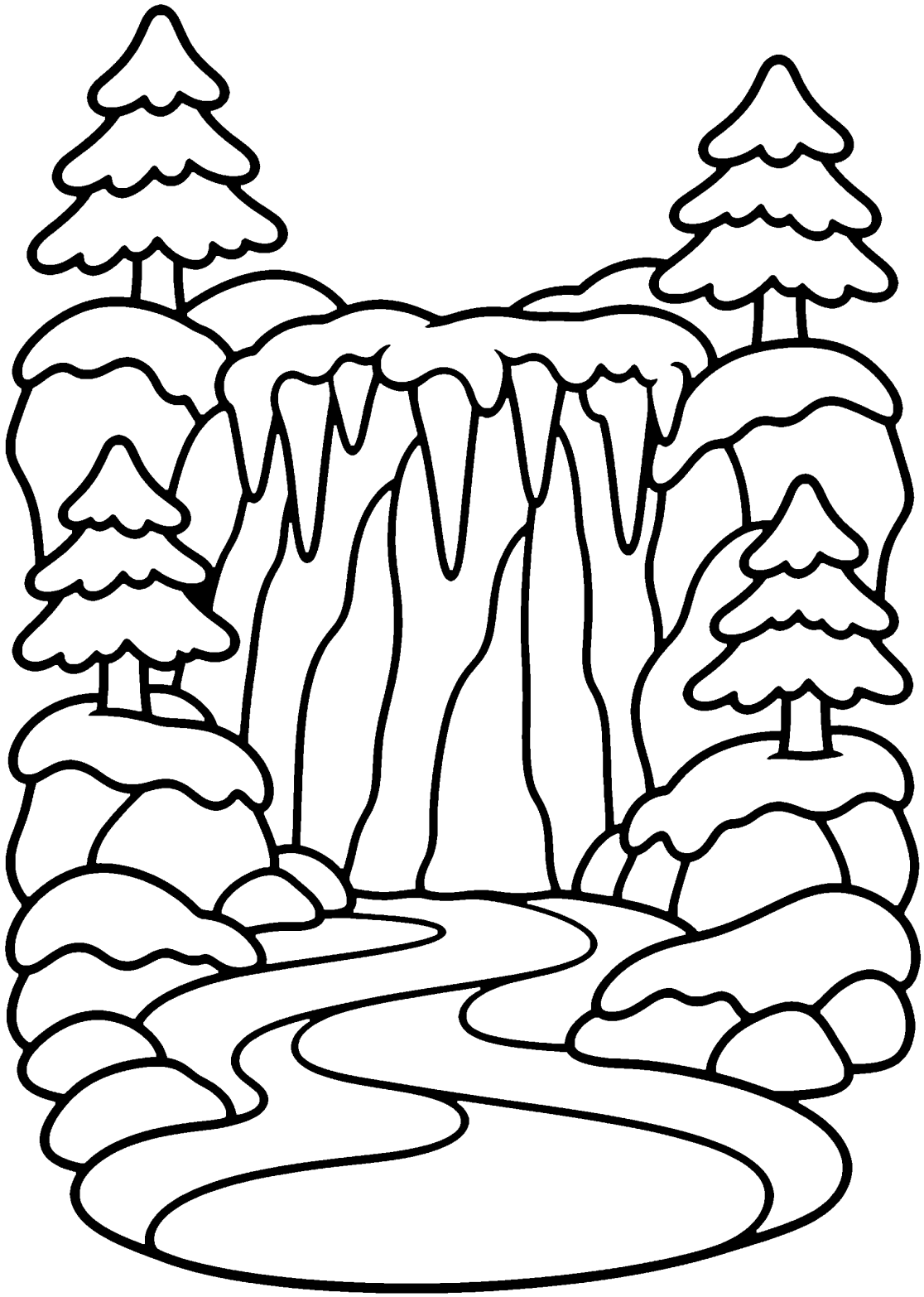
Nome: _____



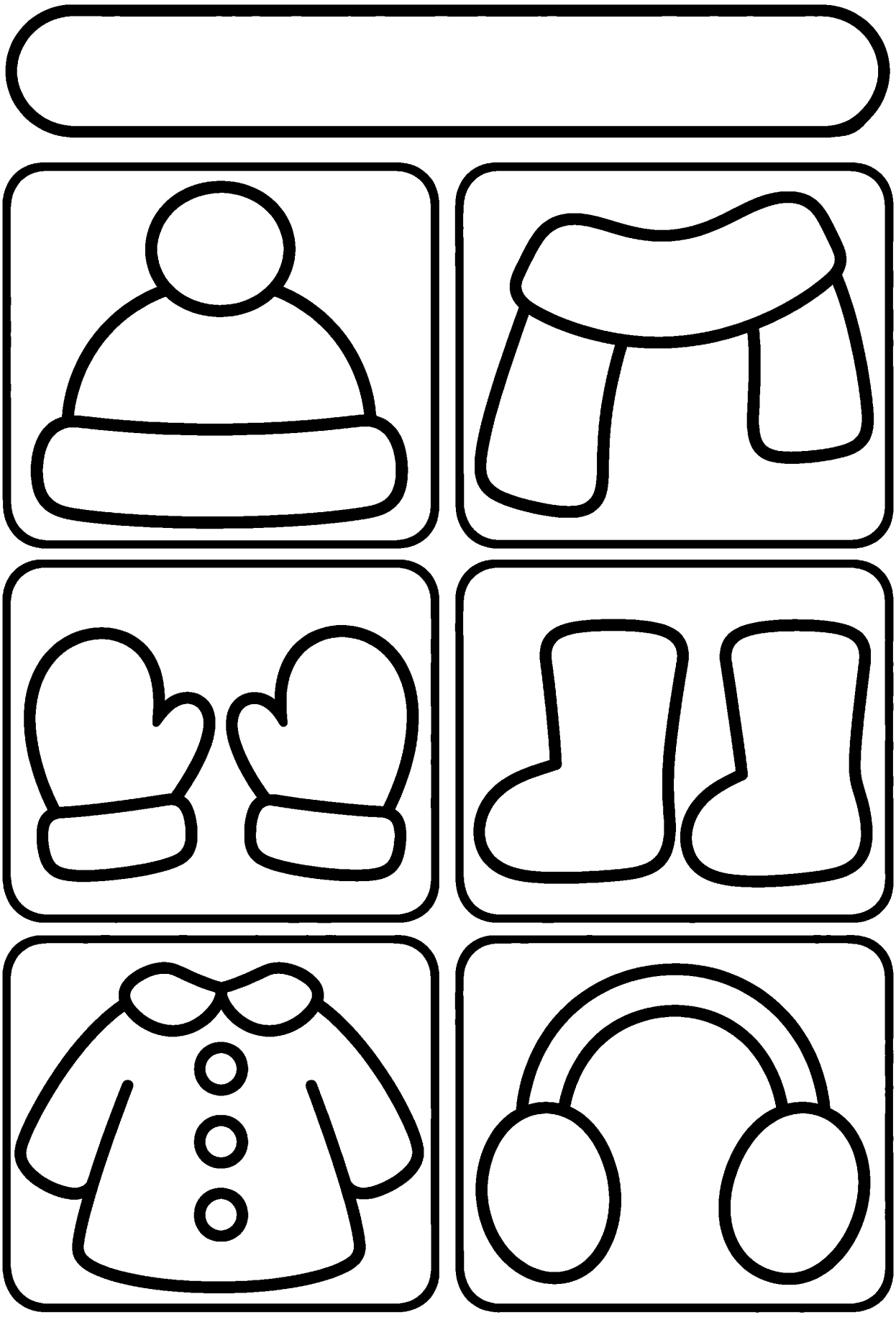
Nome: _____



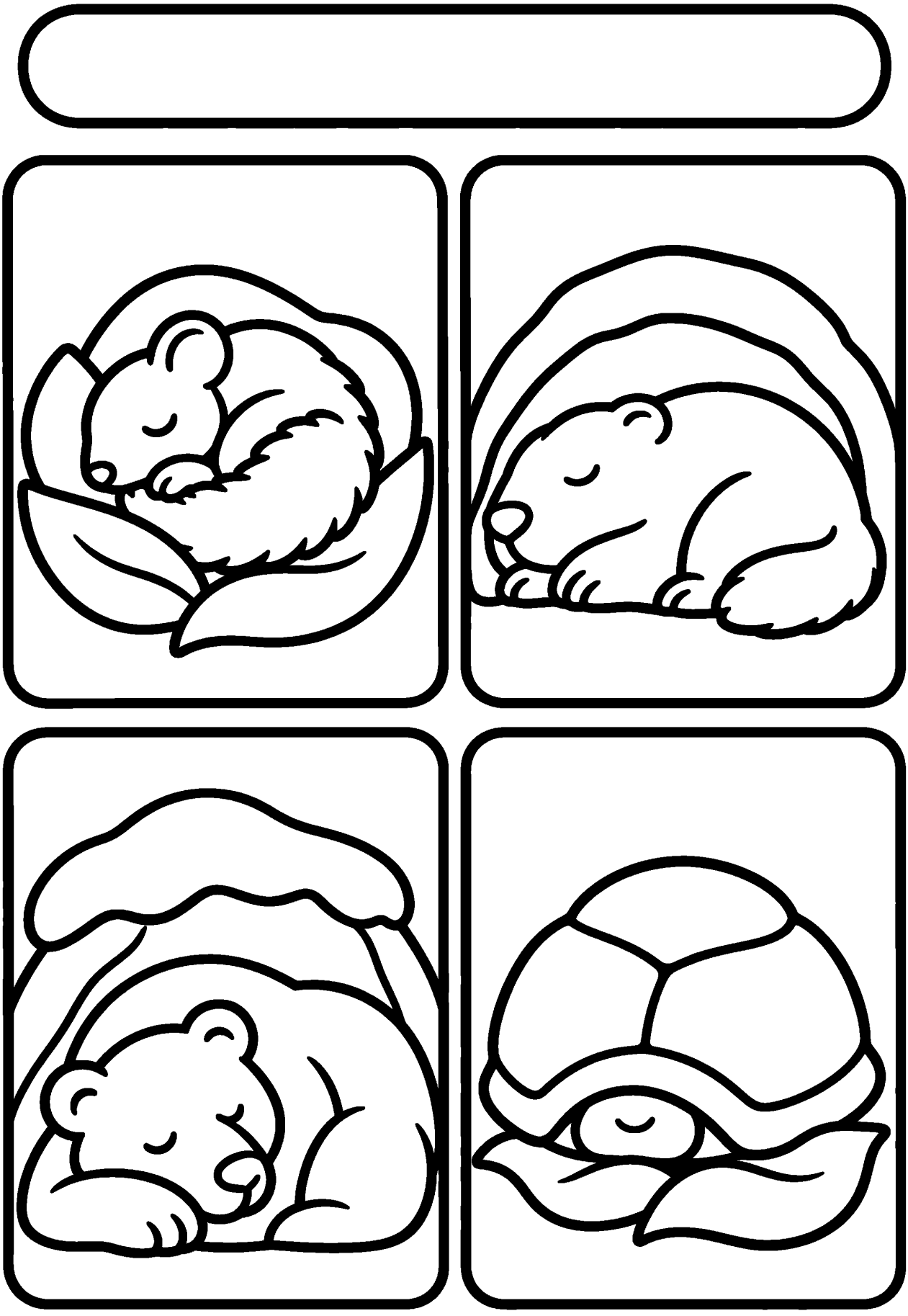
Nome: _____



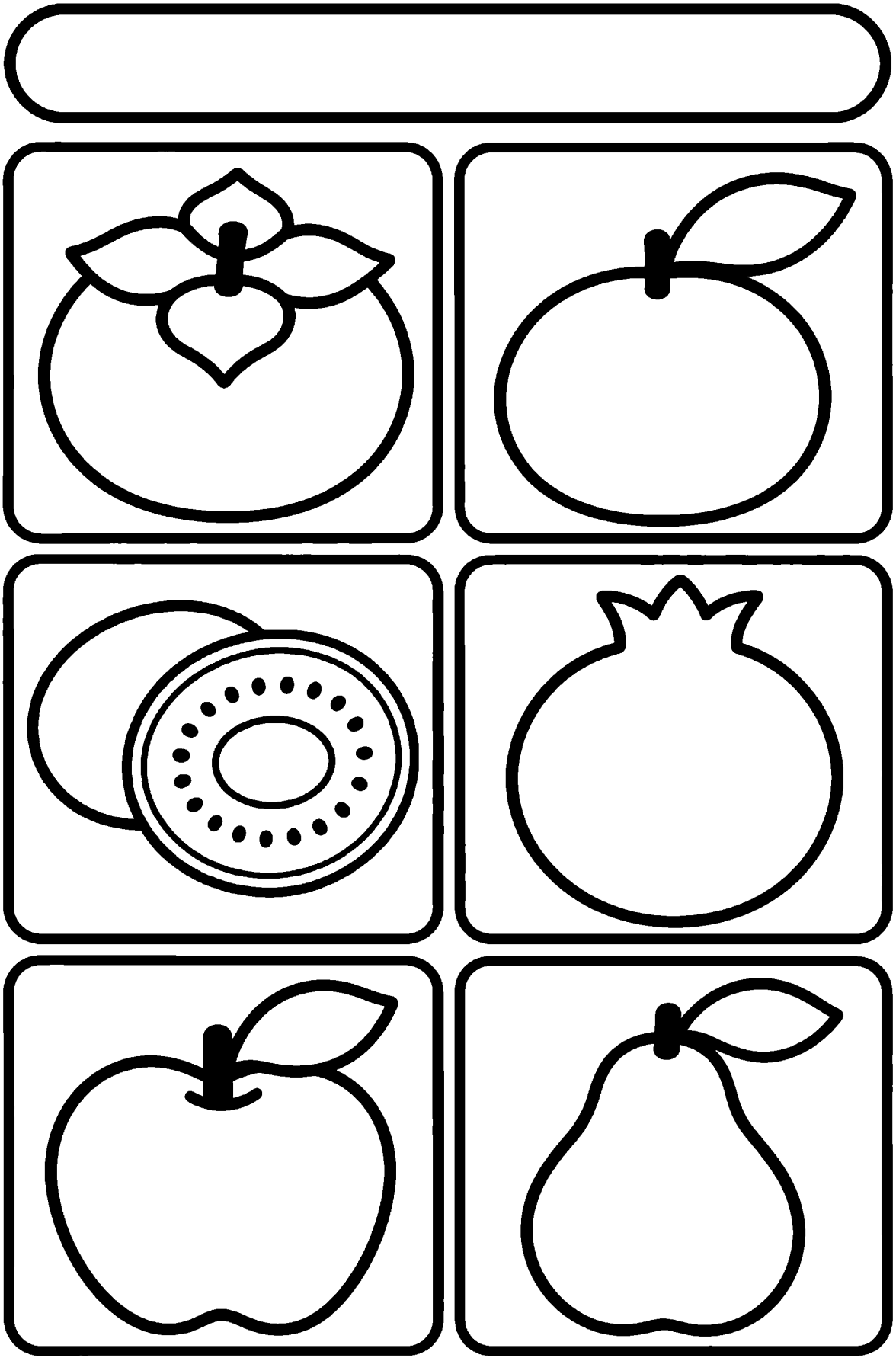
Nome: _____



Nome: _____



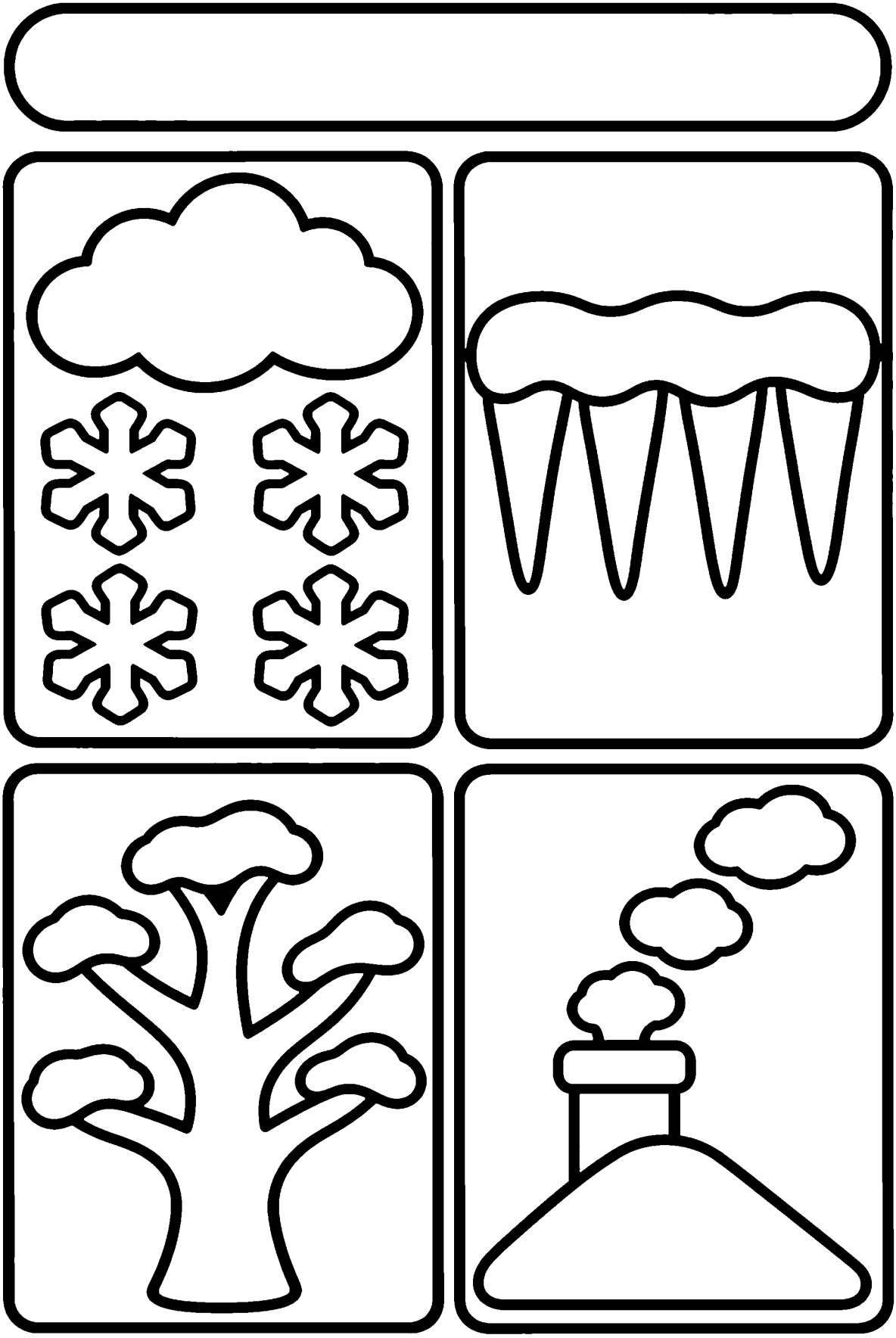
Nome: _____



Nome: _____



Nome: _____



Nome: _____