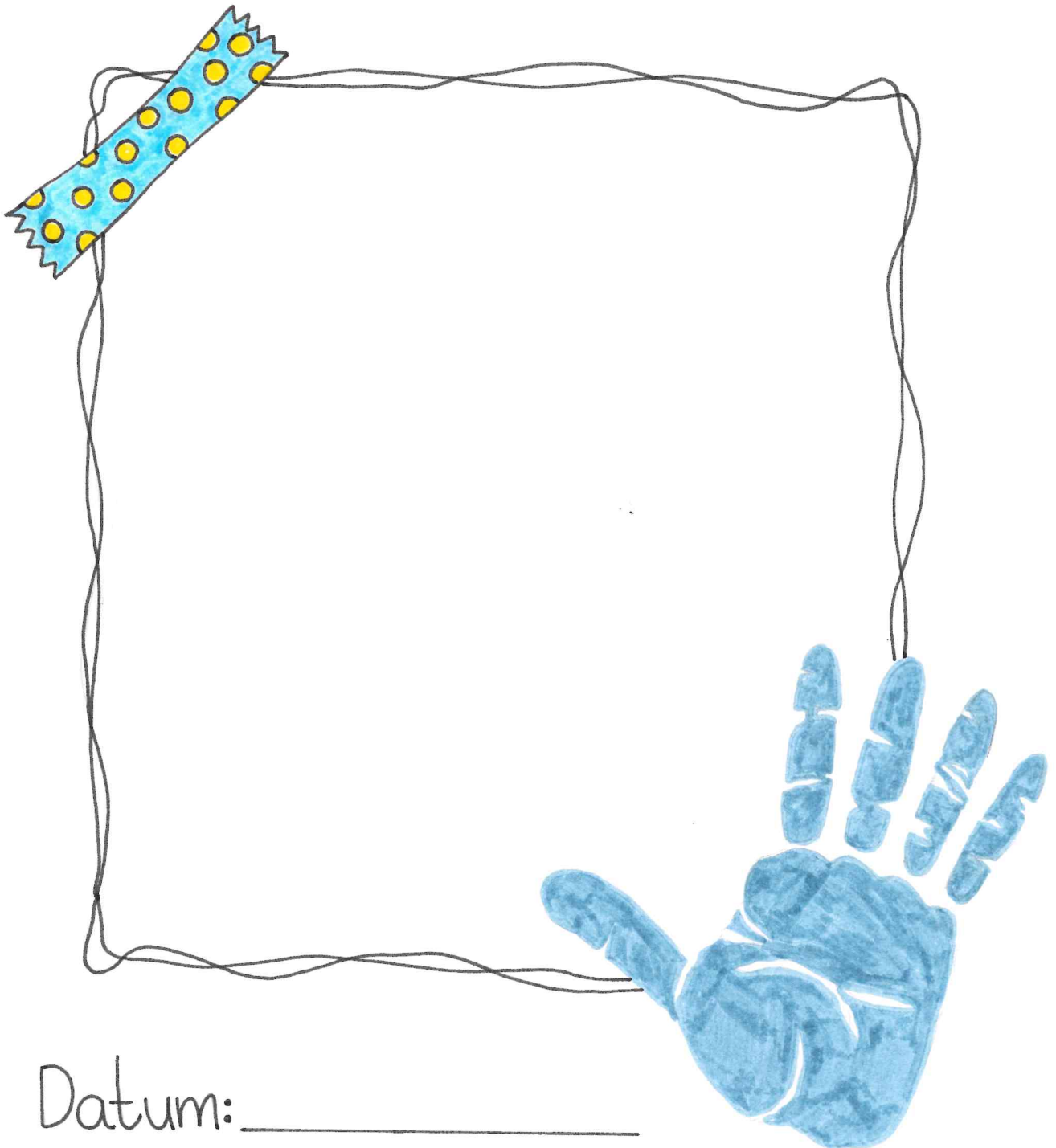




Mein Handabdruck



Datum: _____