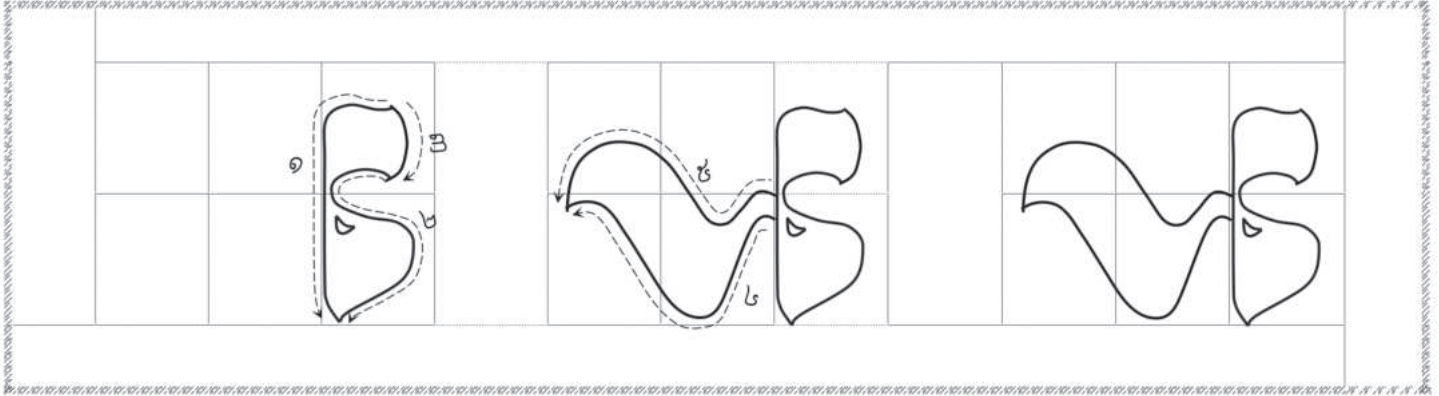


Your name: _____

Date: ____ / ____ / ____



ព្យាបាលក្បាច់ដៃ អក្សរ (ម)



លំហាត់ក្បាច់ដៃ អក្សរ (ម)

