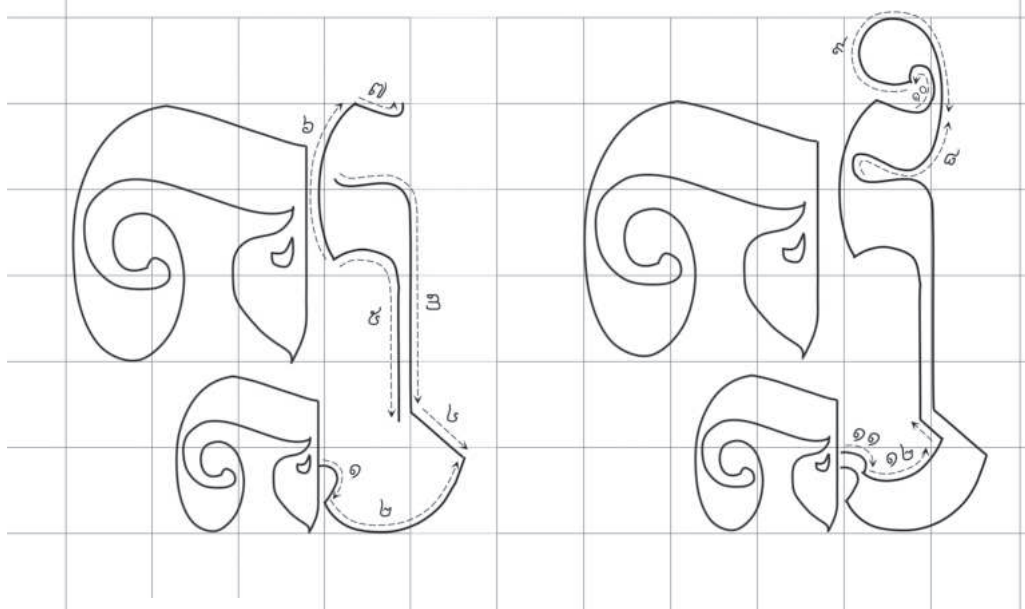


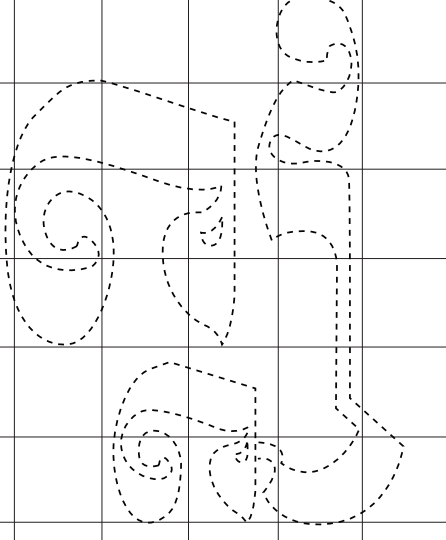
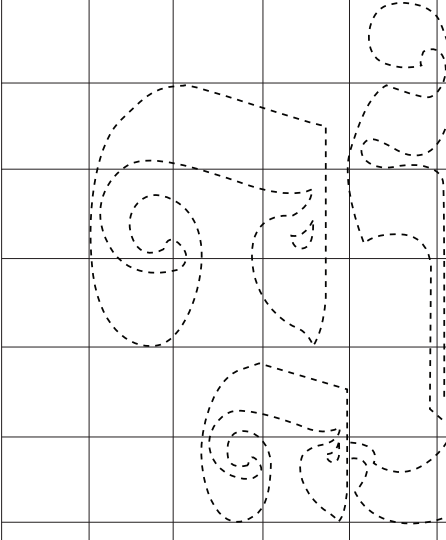
Your name: _____

Date: ____ / ____ / ____

ឧប្បត្តិបត្តិការ គ្រូ:ពេញត្បូ (ឆ្មី)



សំហាត់គ្នាគ្រូ:ពេញត្បូ (ឆ្មី)

	
---	--