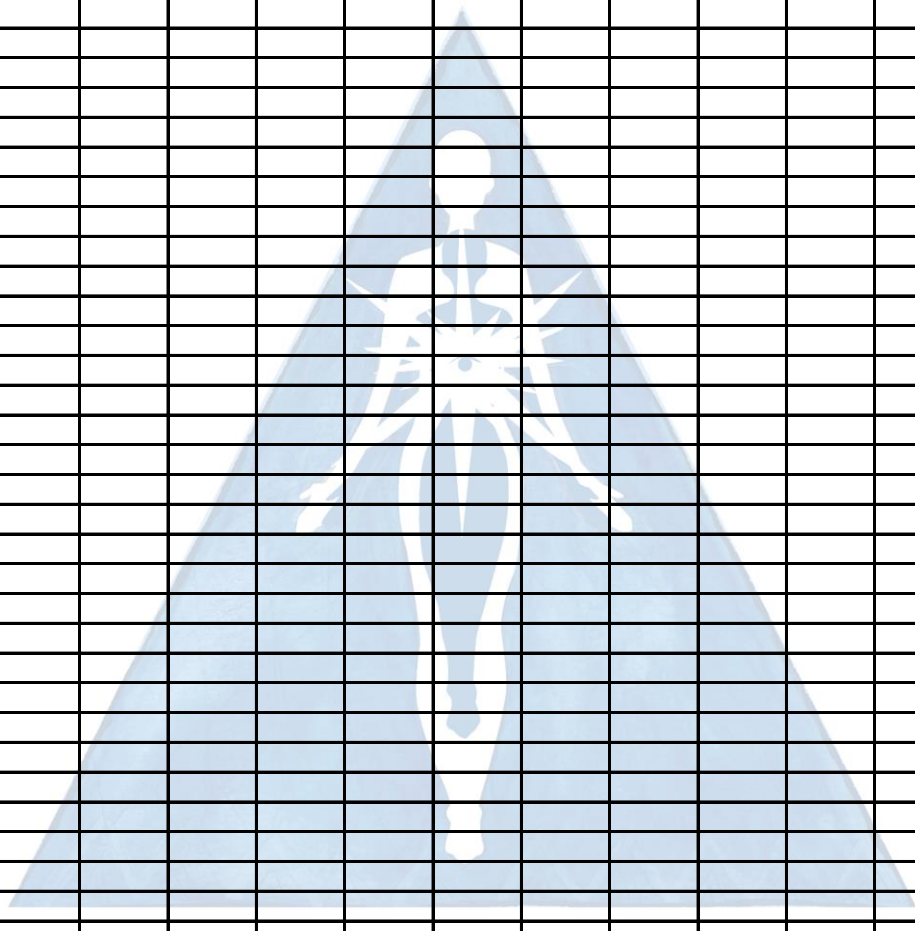




Name:

Initial Date

ADDITIONAL CORRECTIONS



Total Body Modification