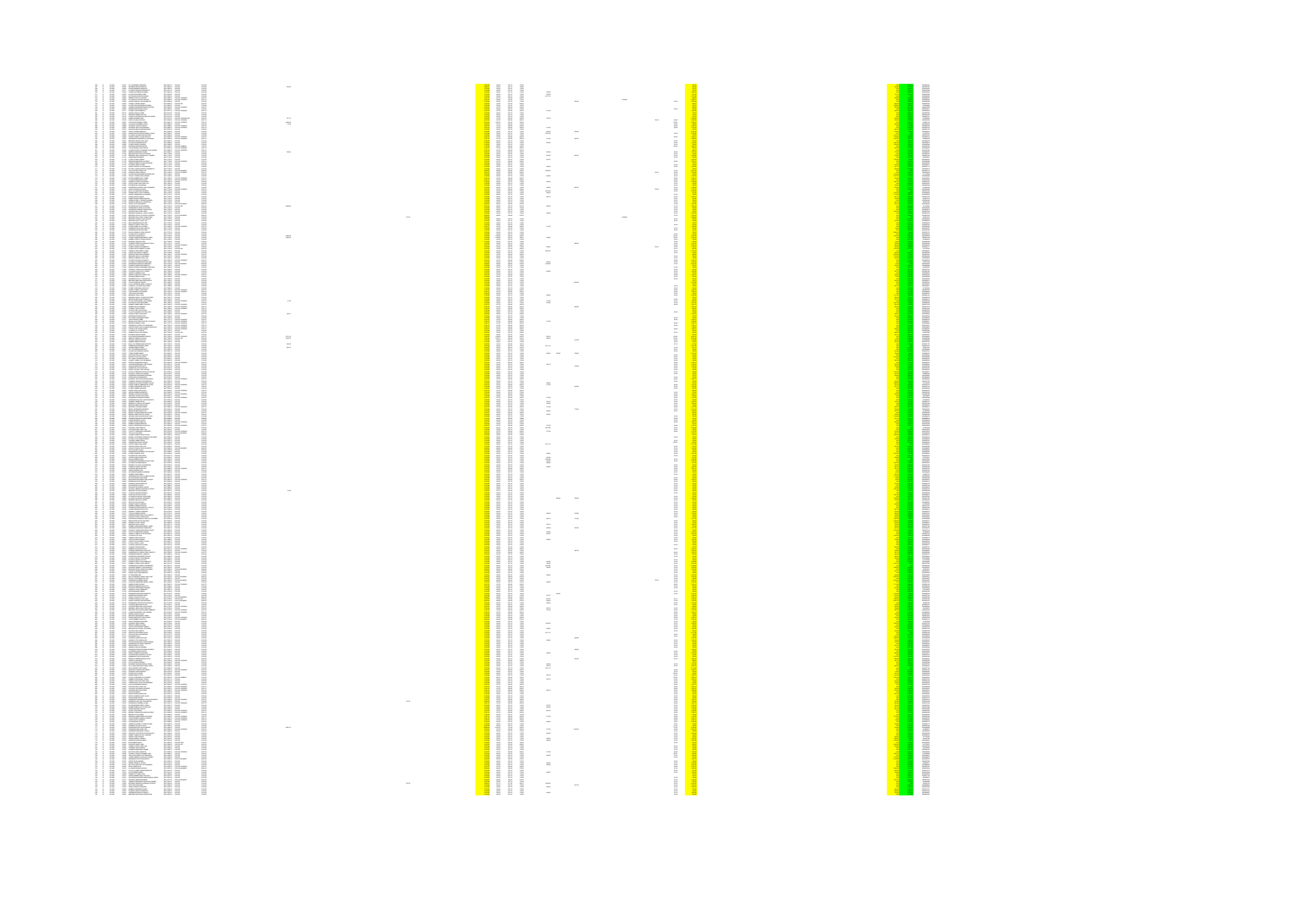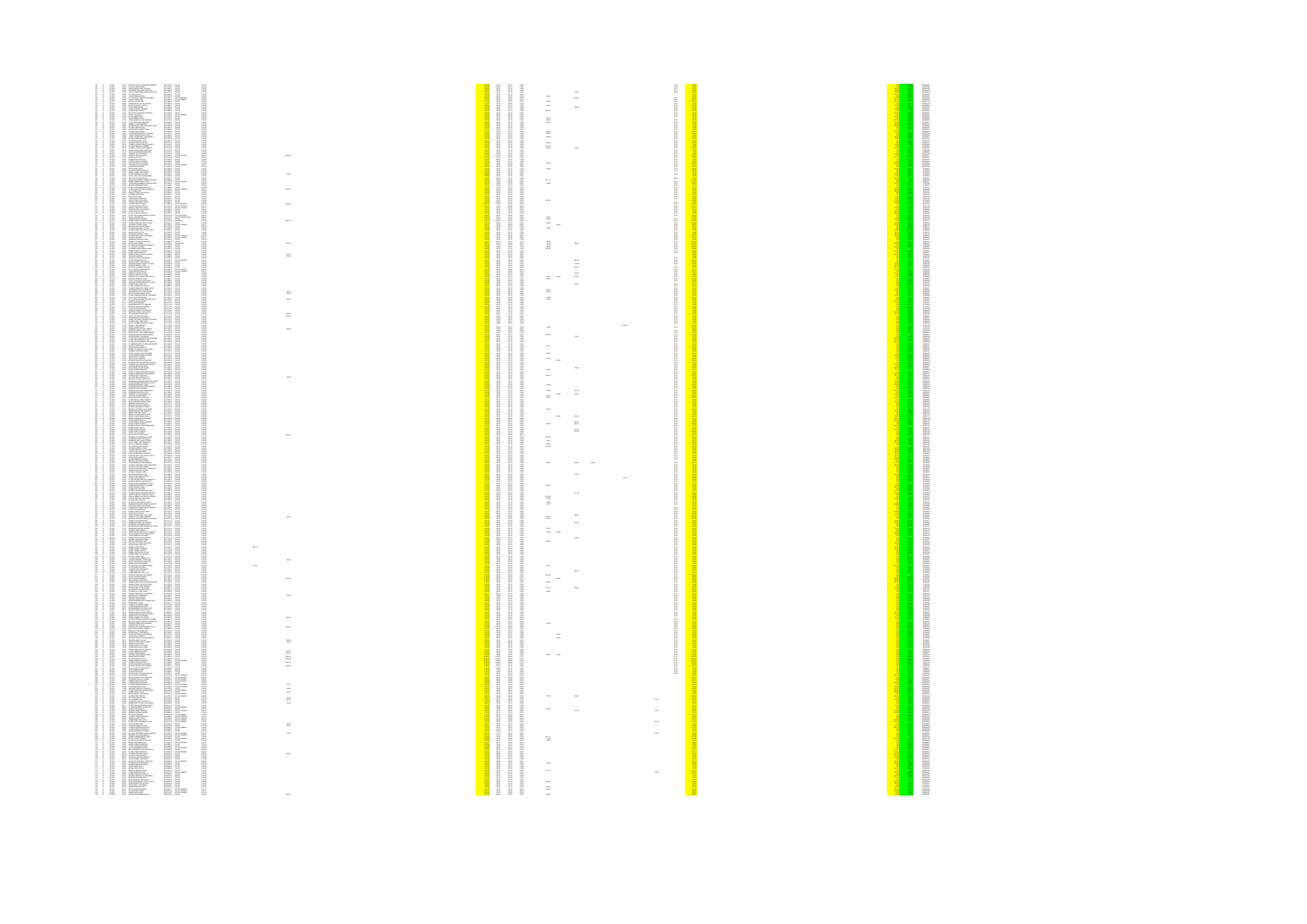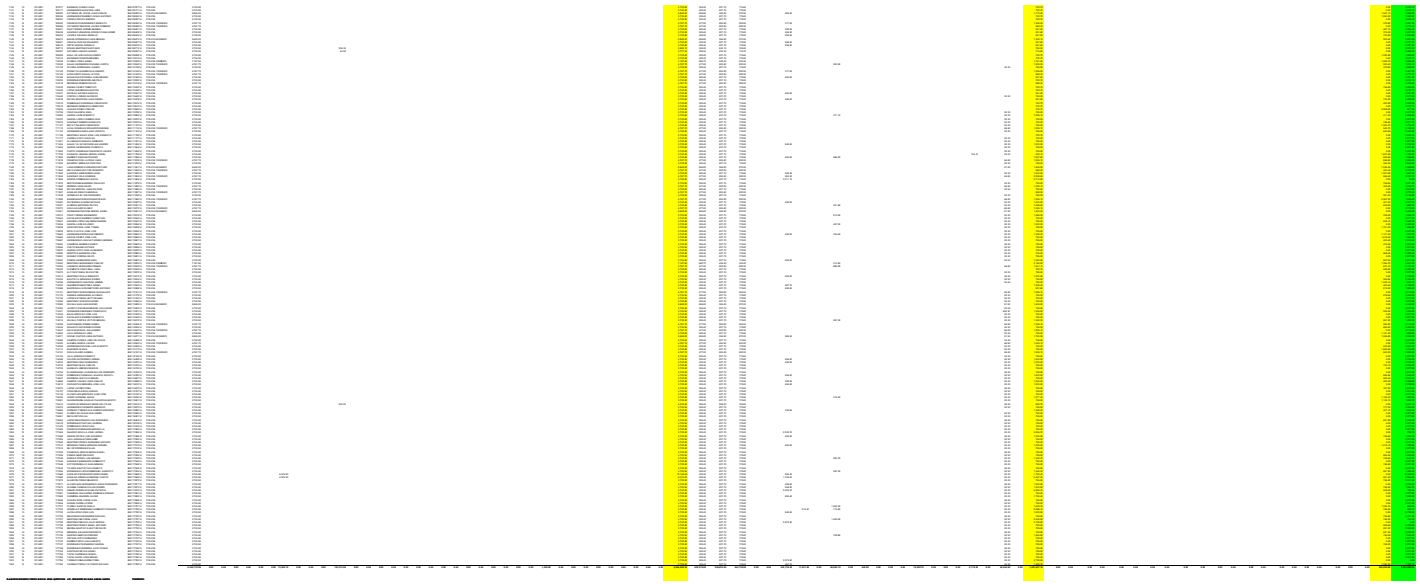| No. | | |