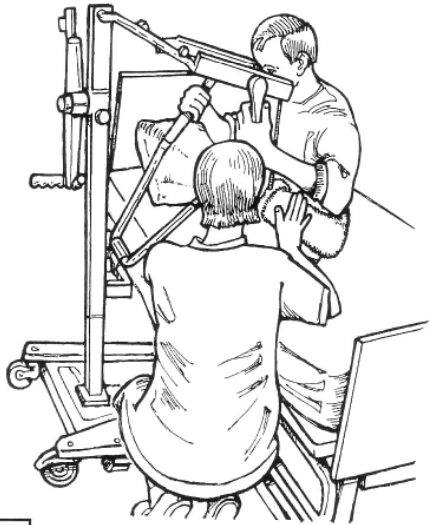


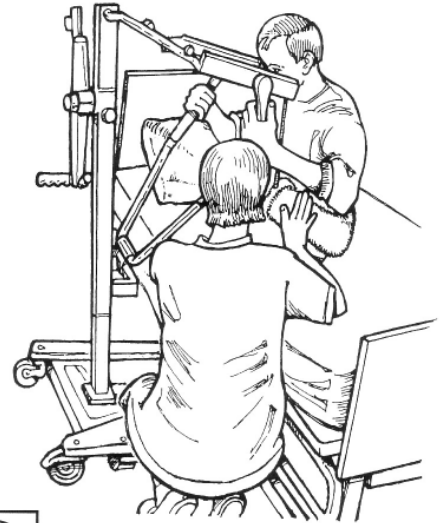
SIT/STAND LIFT



Assessment Date: _____

L-SSI

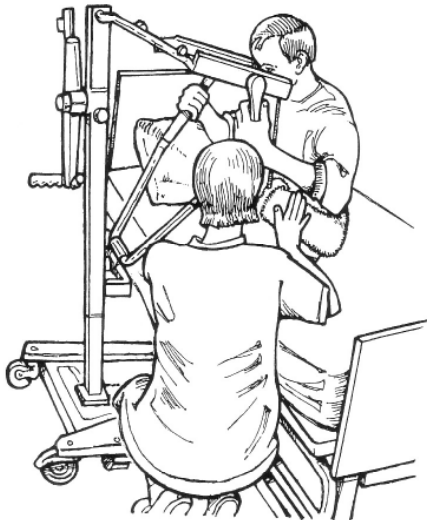
SIT/STAND LIFT



Assessment Date: _____

L-SSI

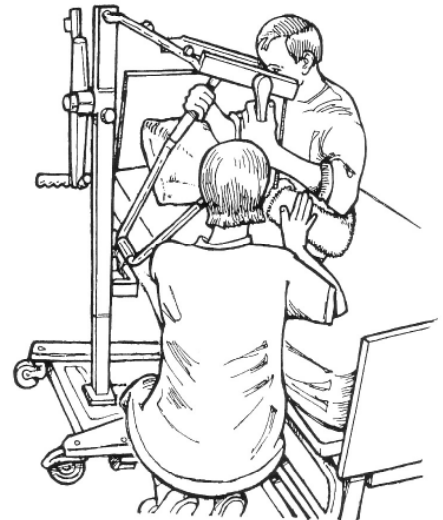
SIT/STAND LIFT



Assessment Date: _____

L-SSI

SIT/STAND LIFT



Assessment Date: _____

L-SSI