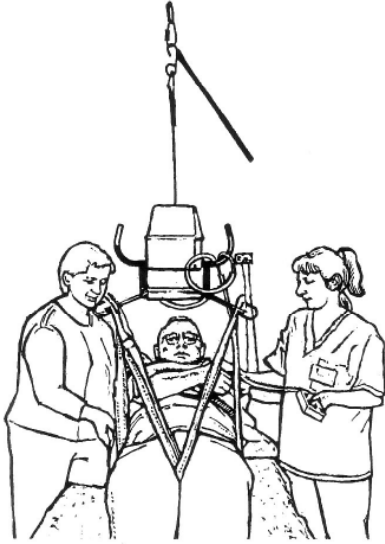


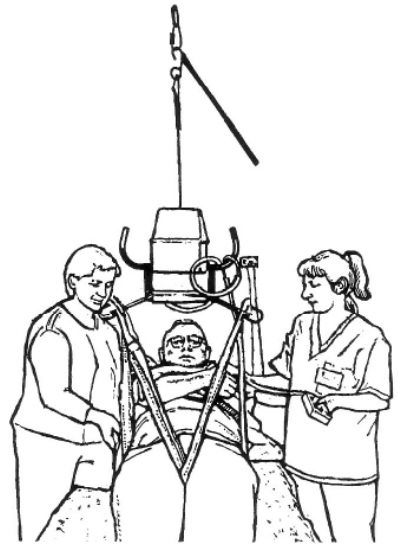
OVERHEAD UNIT-2



Assessment Date: _____

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OVERHEAD UNIT-2



Assessment Date: _____

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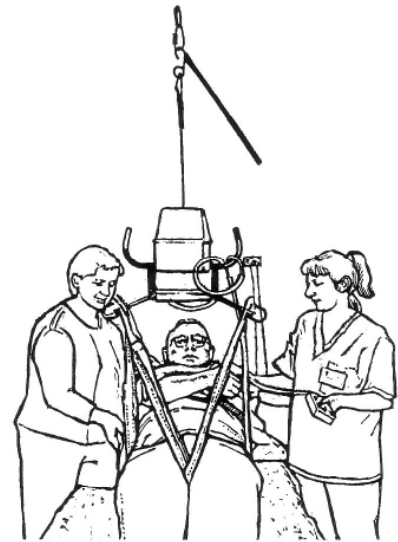
OVERHEAD UNIT-2



Assessment Date: _____

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OVERHEAD UNIT-2



Assessment Date: _____

L-CT2