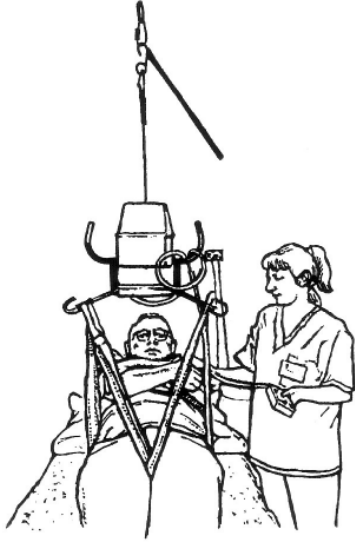


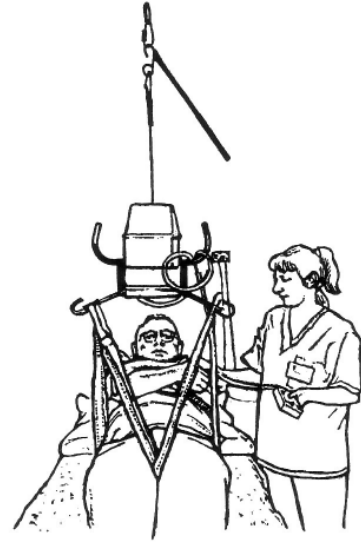
OVERHEAD UNIT-1



Assessment Date: _____

L-CT1

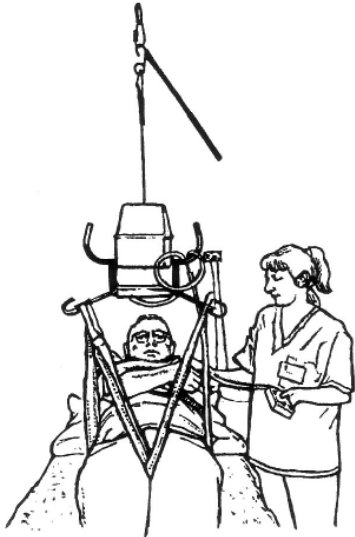
OVERHEAD UNIT-1



Assessment Date: _____

L-CT1

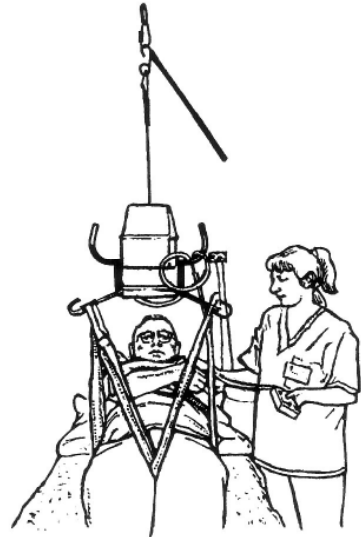
OVERHEAD UNIT-1



Assessment Date: _____

L-CT1

OVERHEAD UNIT-1



Assessment Date: _____

L-CT1