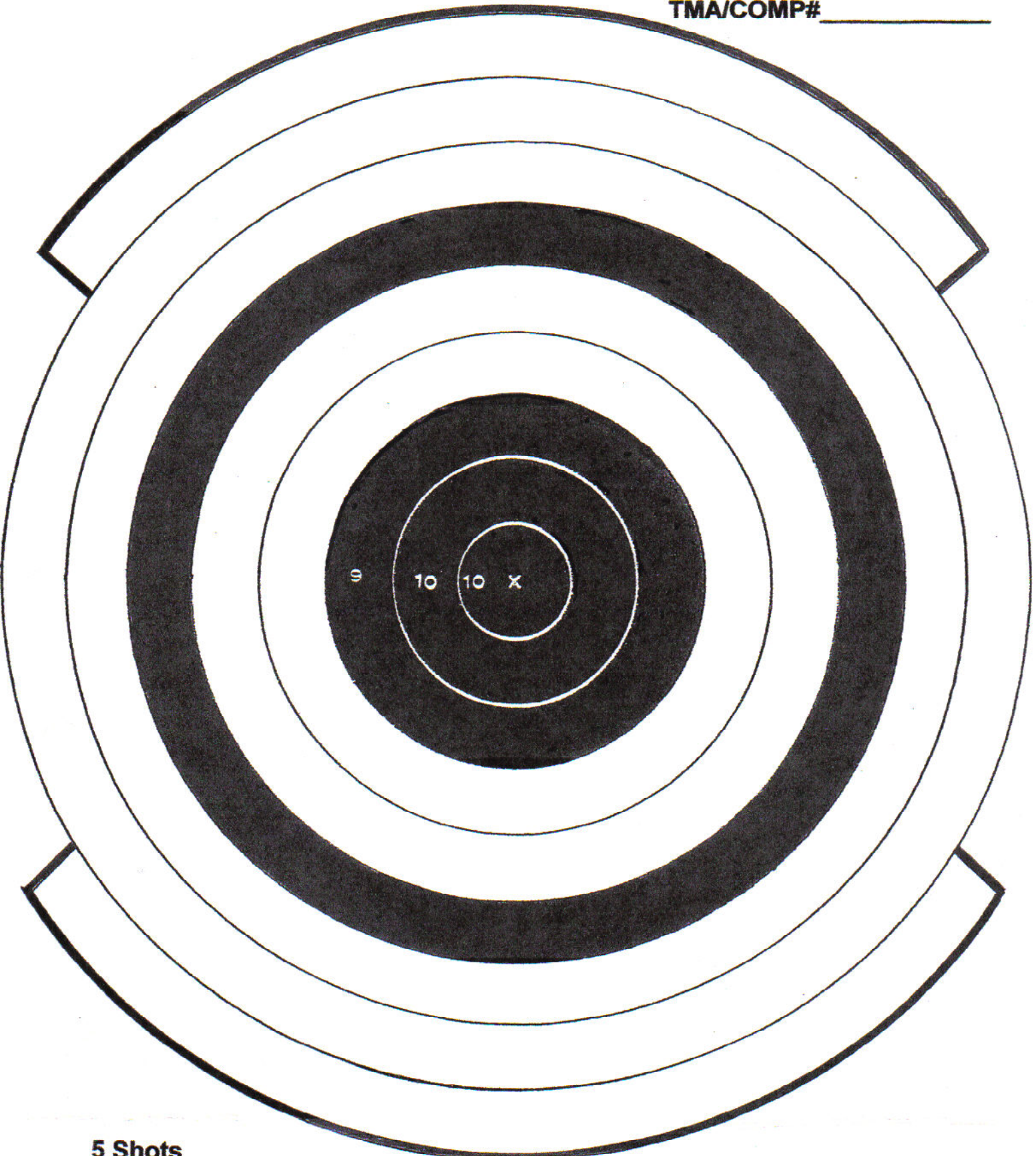


TMA/COMP# _____



5 Shots

TMA - SB - 75

DATE _____