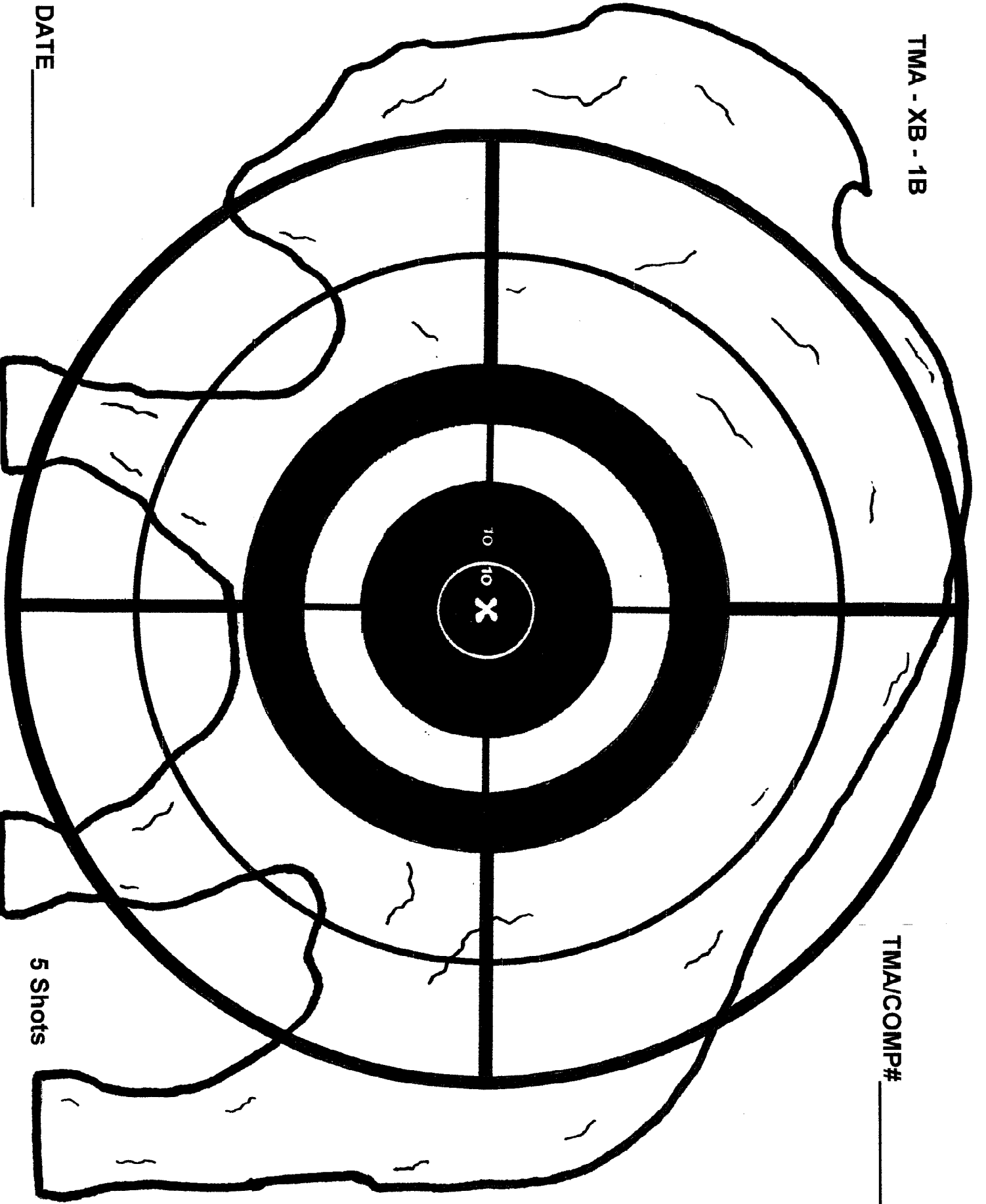


TMA - XB - 1B

TMA/COMP# _____



DATE _____

5 Shots