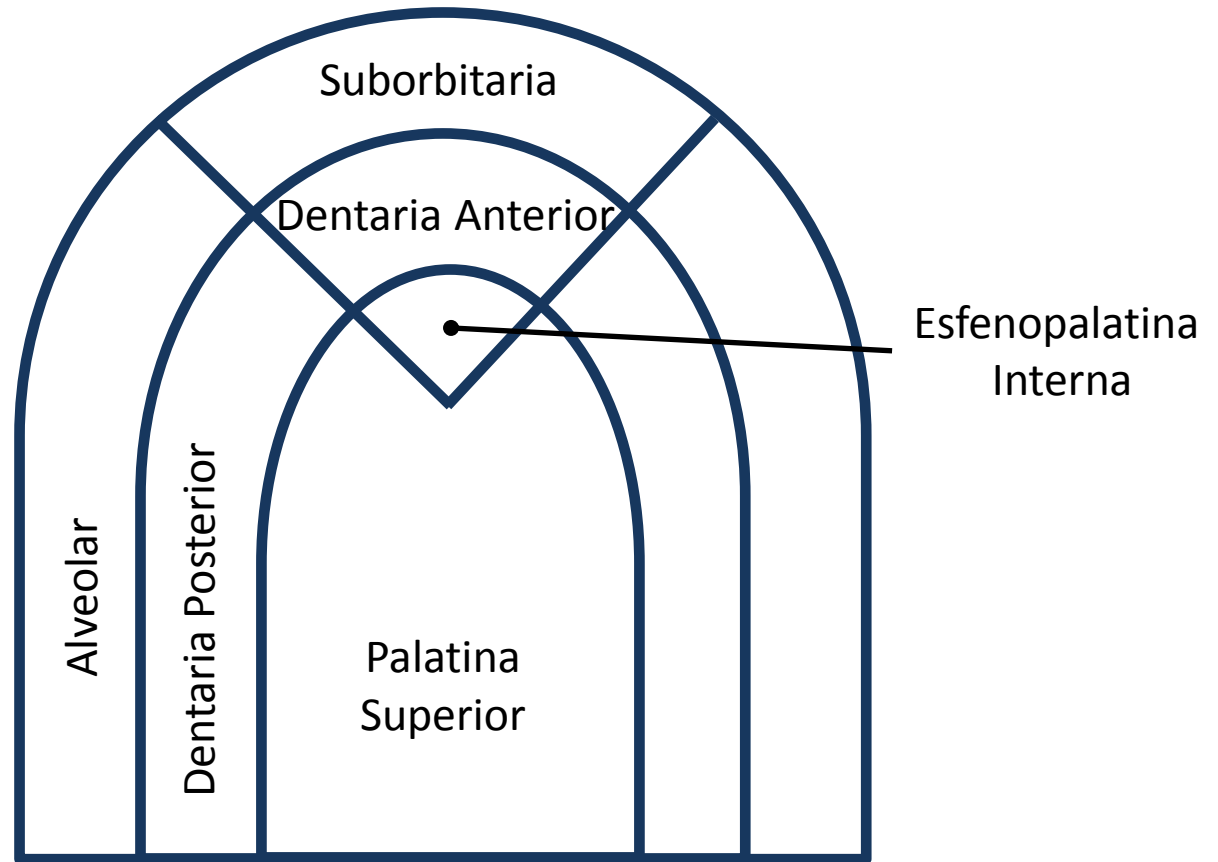
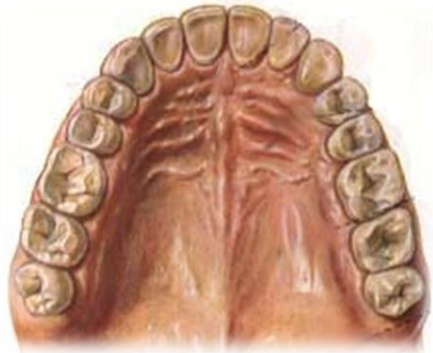


# MAXILAR SUPERIOR



# MAXILAR INFERIOR

