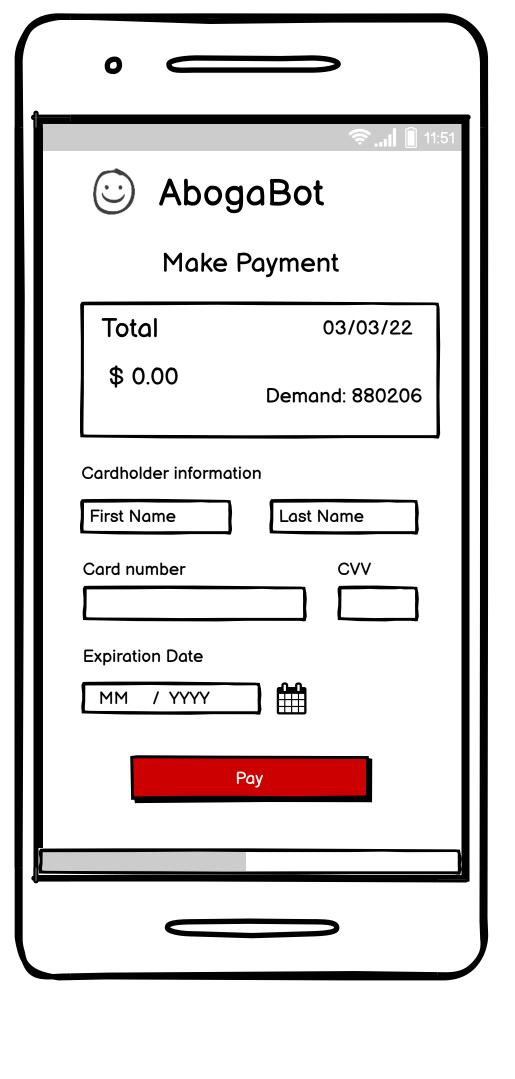
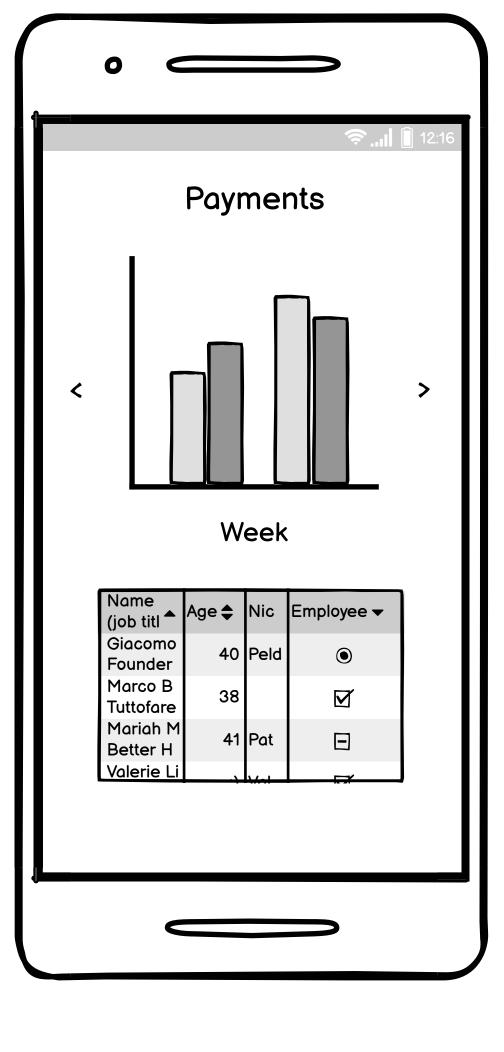


Write the problem

Verify











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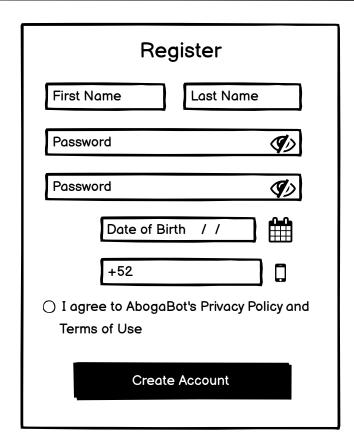
#Cases Solved

## You Demand a Solution?

E-mail

**Password** 

Sign in



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Fill out your form				
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Type

Type

Answer

Answer

Write the problem

Verify







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## Make Payment

Start your solution with this document

Total

\$ 0.00

03/03/22

Demand: 880206

Cardholder information

First Name

Last Name

Card number

CVV

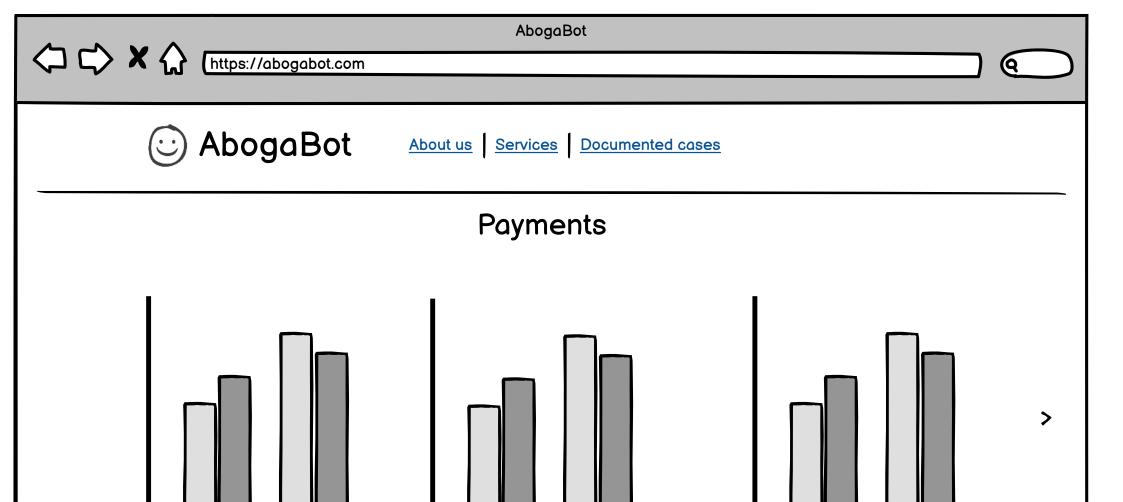
**Expiration Date** 

/ YYYY MM



**Payment** 

Return



Week

Return

Today

Tables

Month