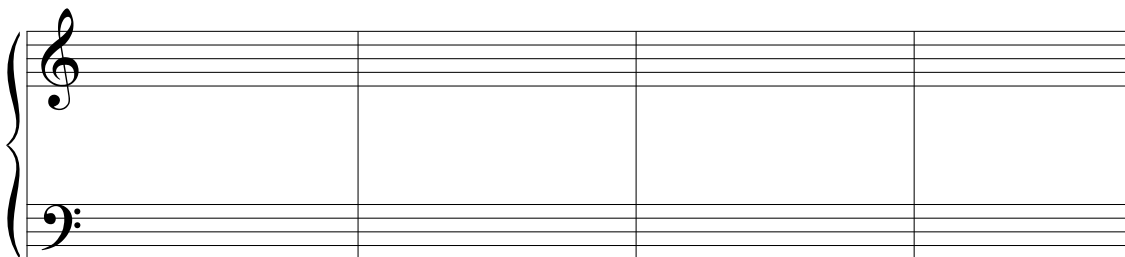


LSS: ___ ___ ___ ___ ___ ___ ___ ___

Motives: ___ ___ ___ ___ ___ ___ ___

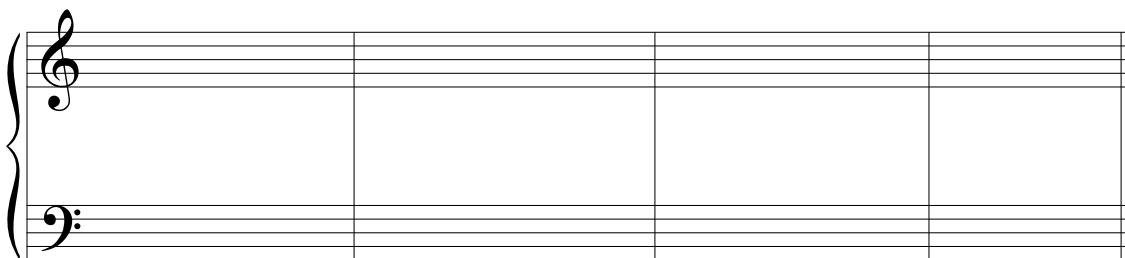


RN: ___ ___ ___ ___ ___ ___ ___ ___

HF: ___ ___ ___ ___ ___ ___ ___ ___

LSS: ___ ___ ___ ___ ___ ___ ___ ___

Motives: ___ ___ ___ ___ ___ ___ ___



RN: ___ ___ ___ ___ ___ ___ ___ ___

HF: ___ ___ ___ ___ ___ ___ ___ ___