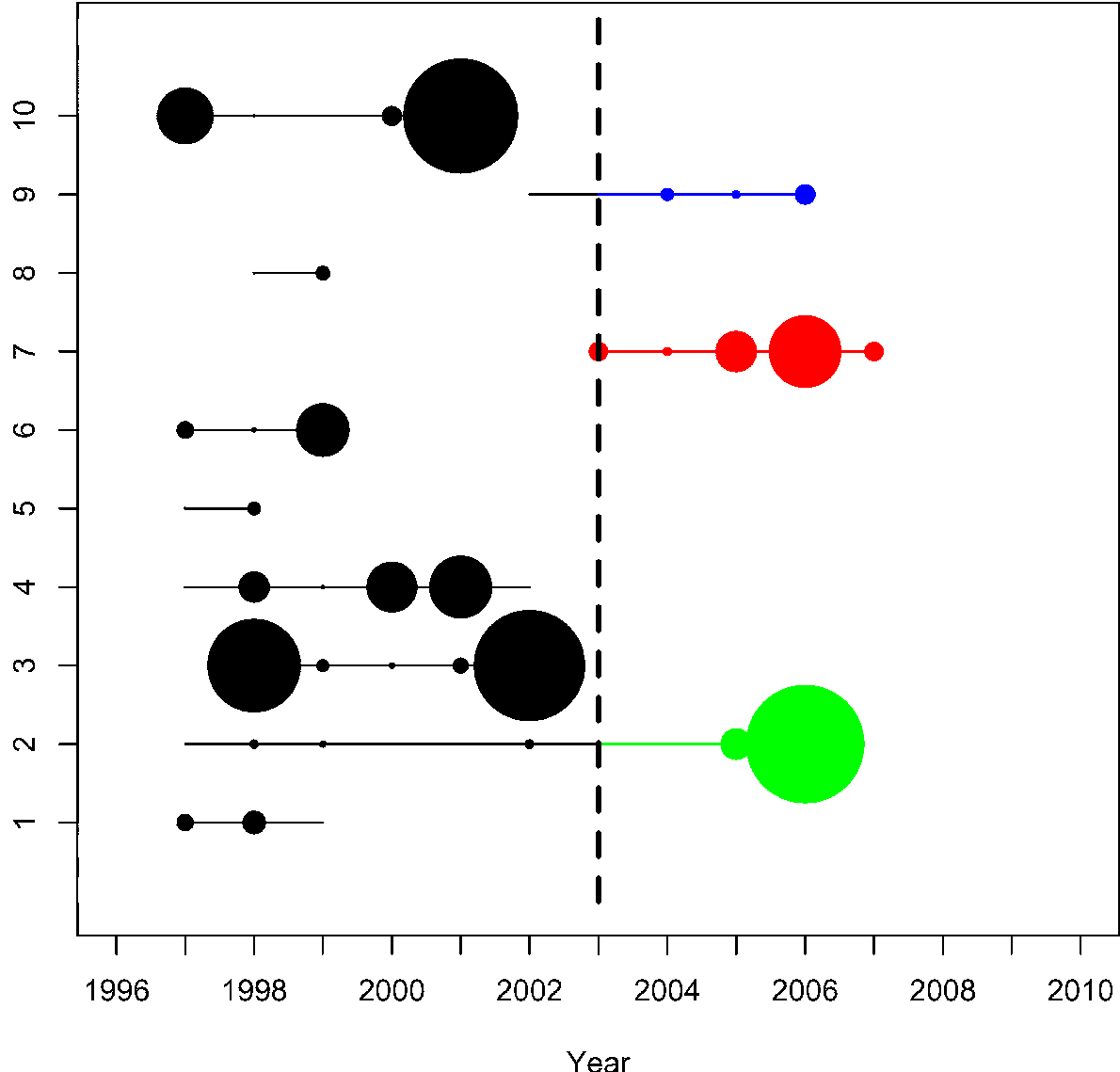


Claim Number



Year