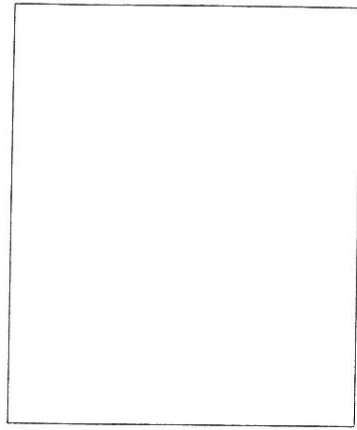
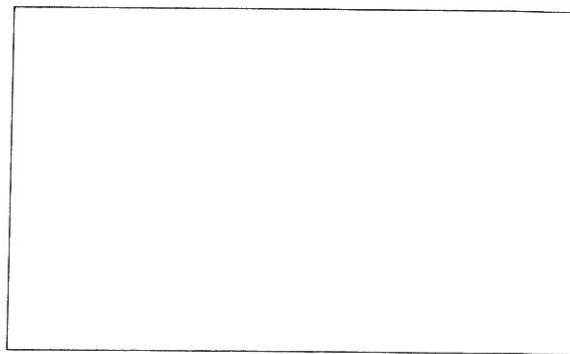


FOTO



FIRMA:



NOMBRE:

Número de colegiado: