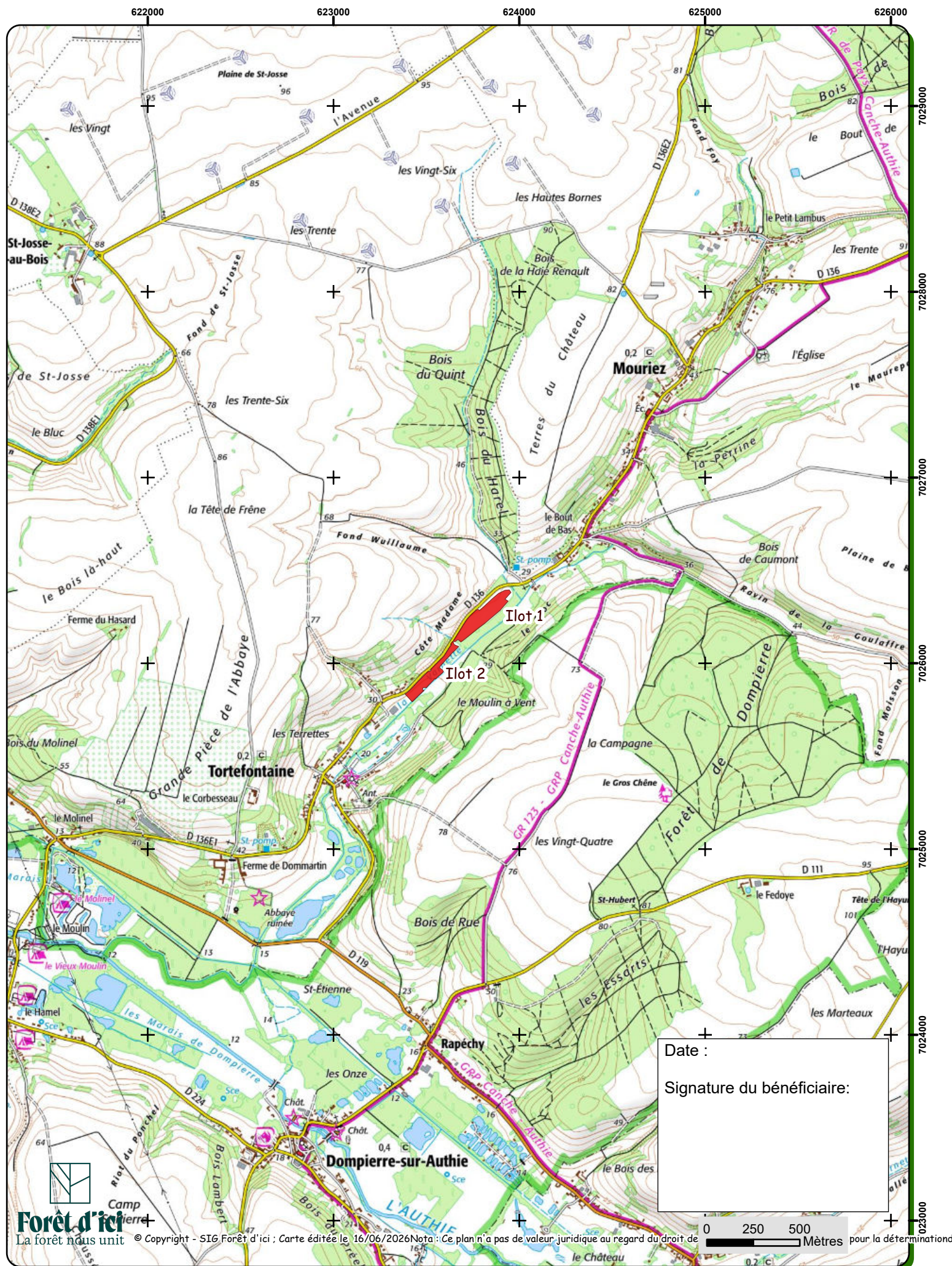




Date :

Signature du bénéficiaire: