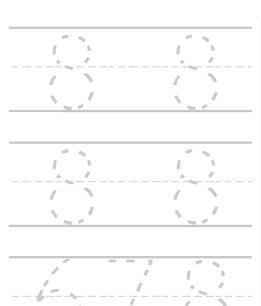
| Number | of | the | Day |
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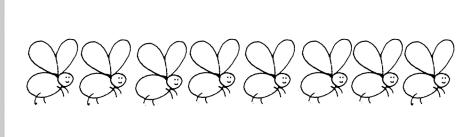
Name:_____

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