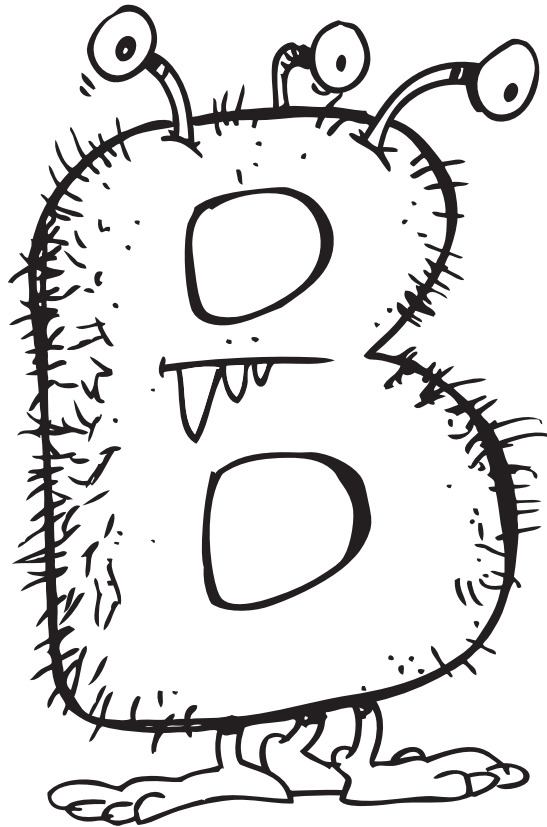


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THE LEARNER PENCIL
FOR CHILDREN



Name: _____ Age: _____ Gender: _____
Phone: _____ Are you left or right-handed: _____