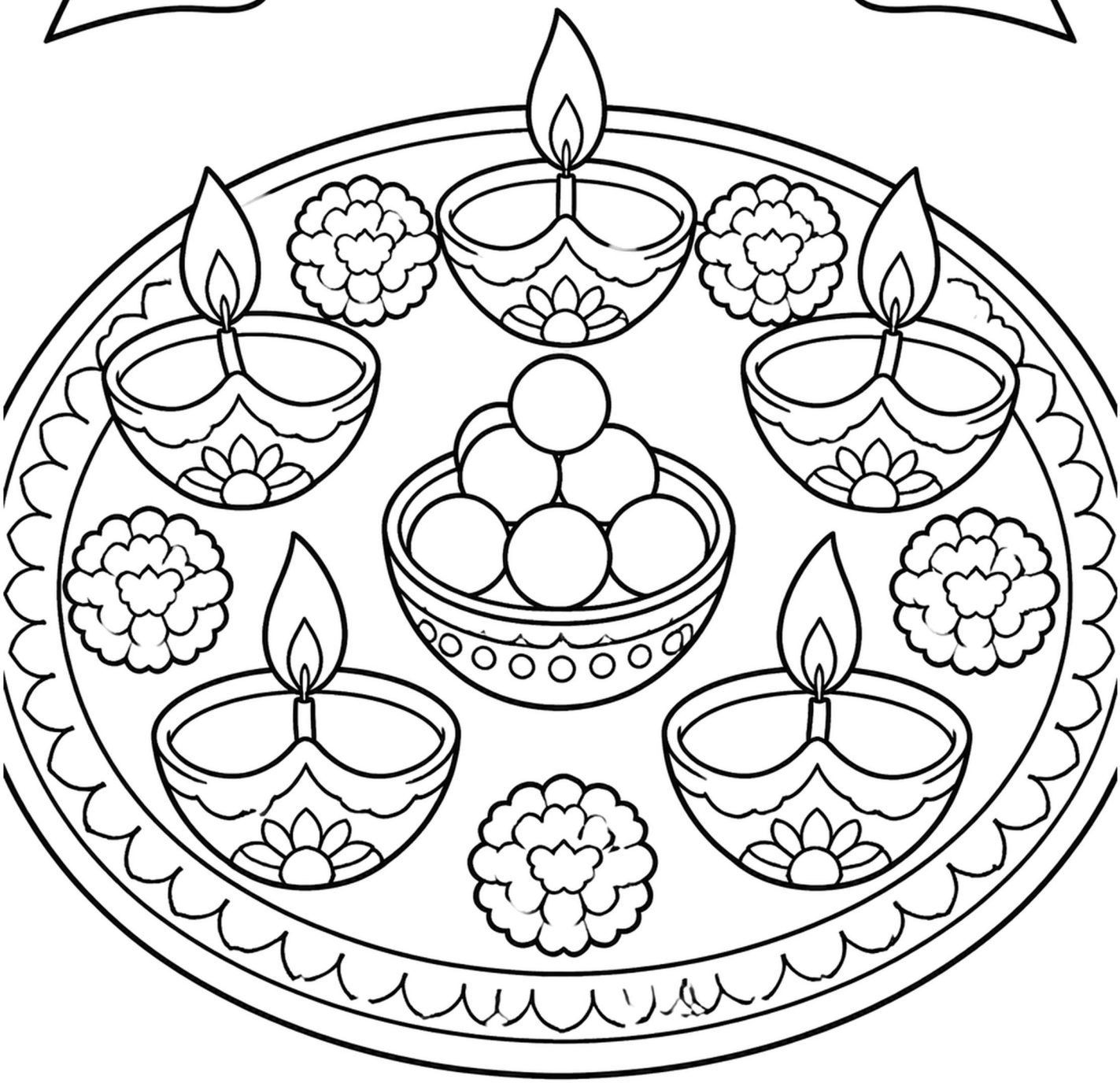
Name: _____ Date: _____

DIYA THALI