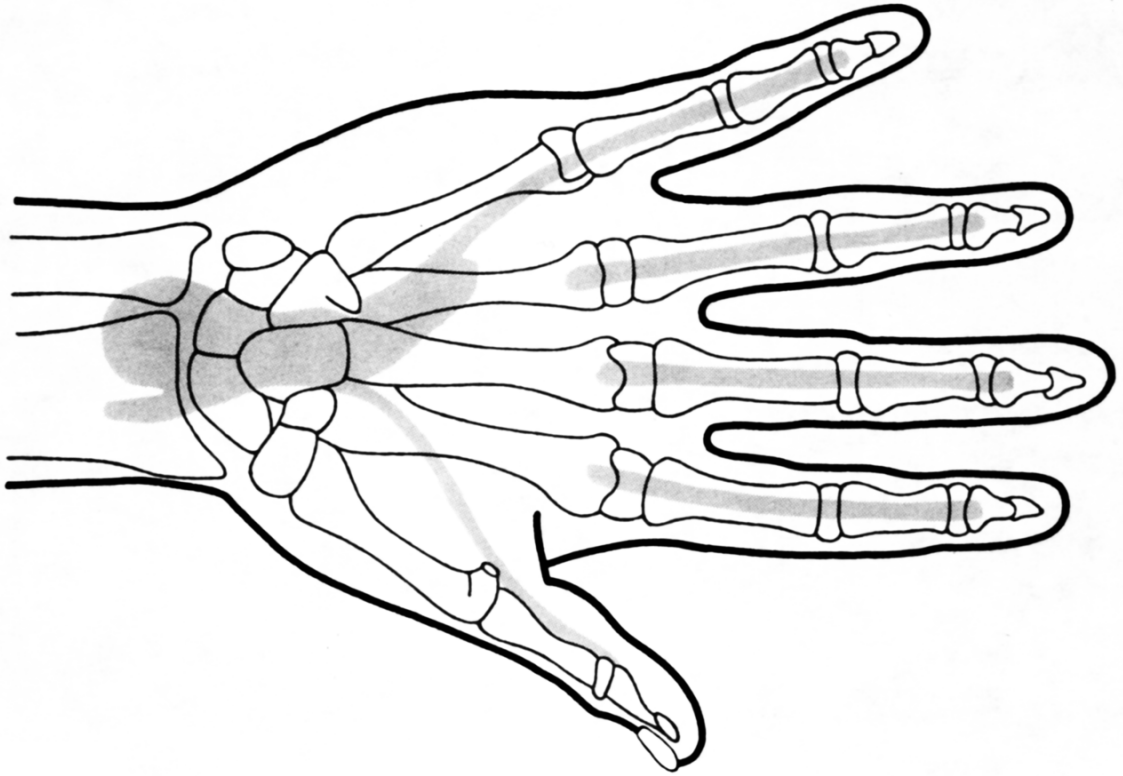


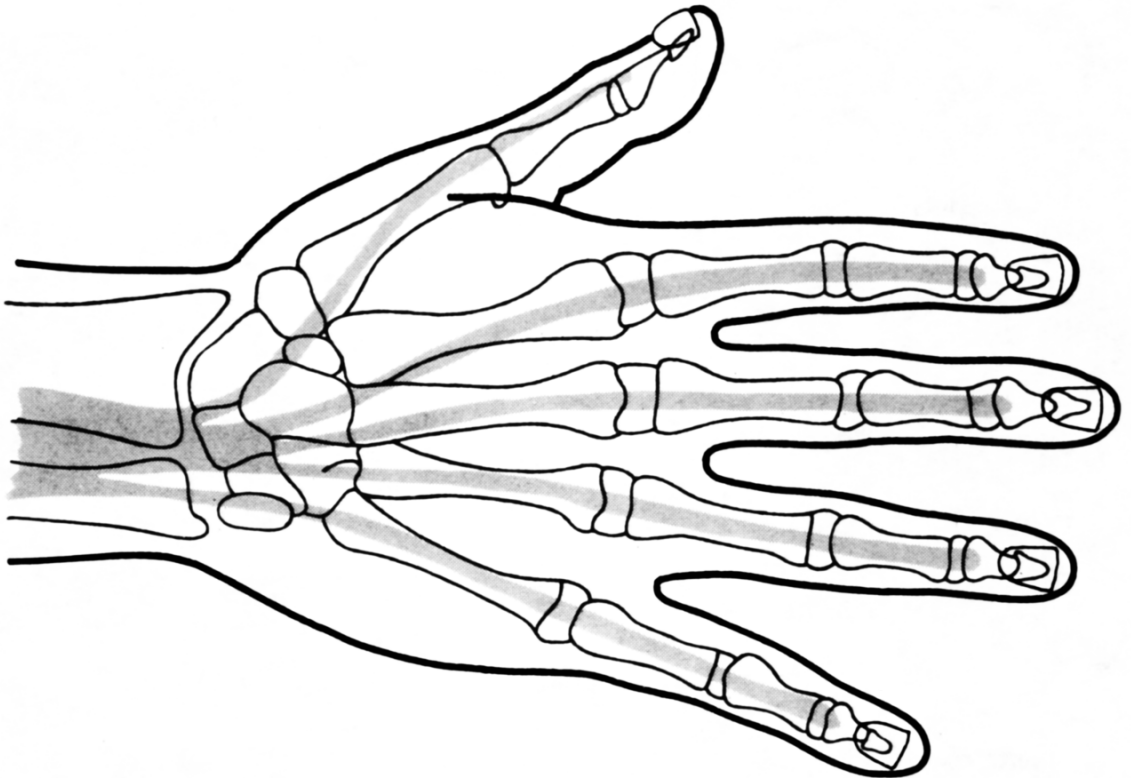
Az.:

Name:

Rechte Hand innen



Rechte Hand außen



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