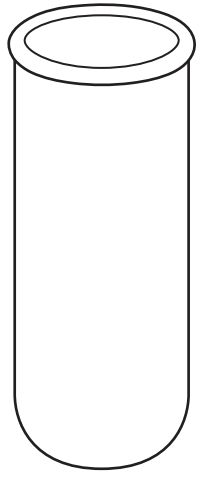
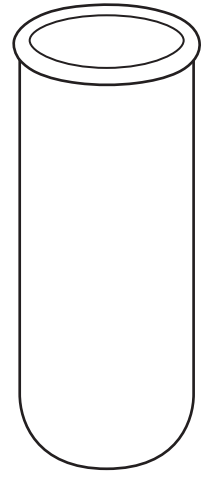
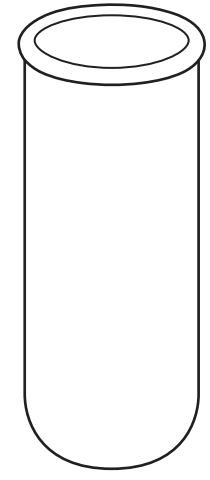


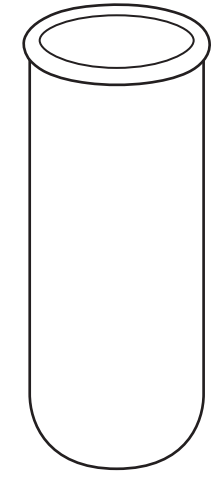
Blank



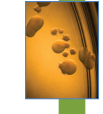
Rep. 1

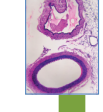


Rep. 2



Rep. 3





Treatment: _____

Ingredient	Volume	Added	Ingredient	Volume	Added	Ingredient	Volume	Added	Ingredient	Volume	Added