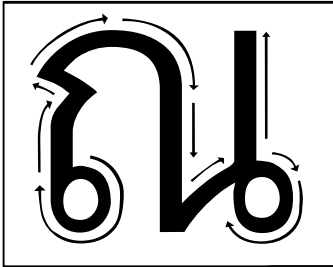


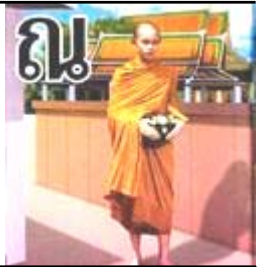
แบบคัดลายมือ ครั้งที่ 19

...../...../.....

ชื่อ.....สกุล.....ชั้น.....เลขที่.....



ณ. ไม่มอง



ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ

ณ ณ ณ ณ ณ ณ ณ