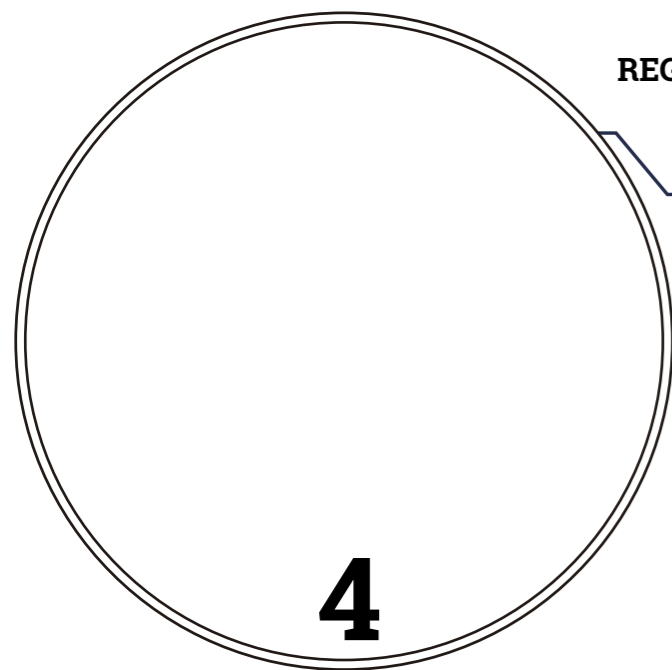
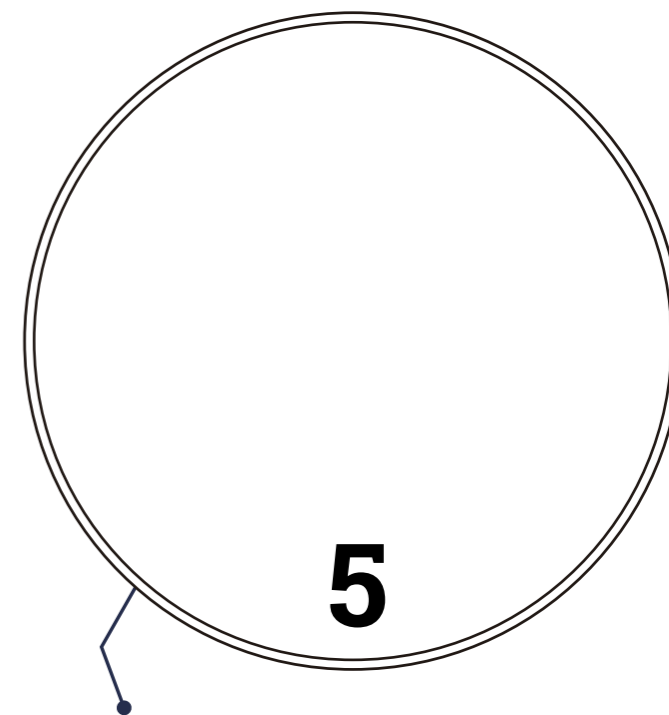


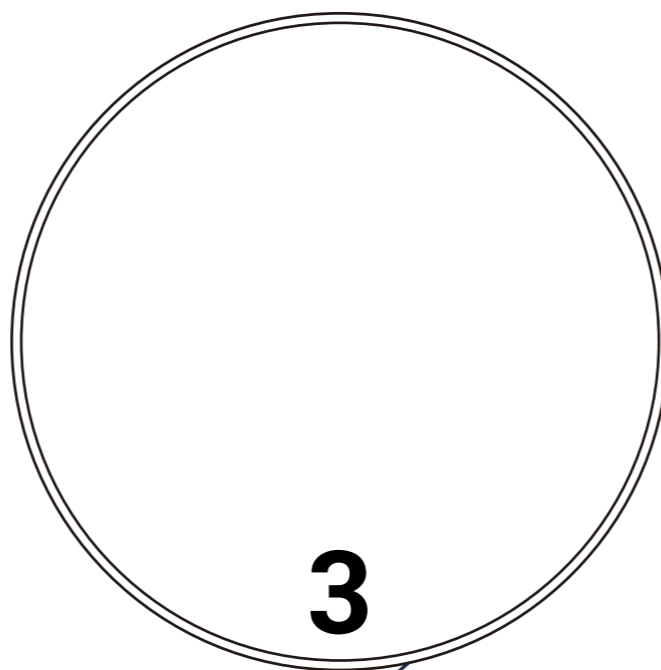
# FOLHA DE PROVA CEGA



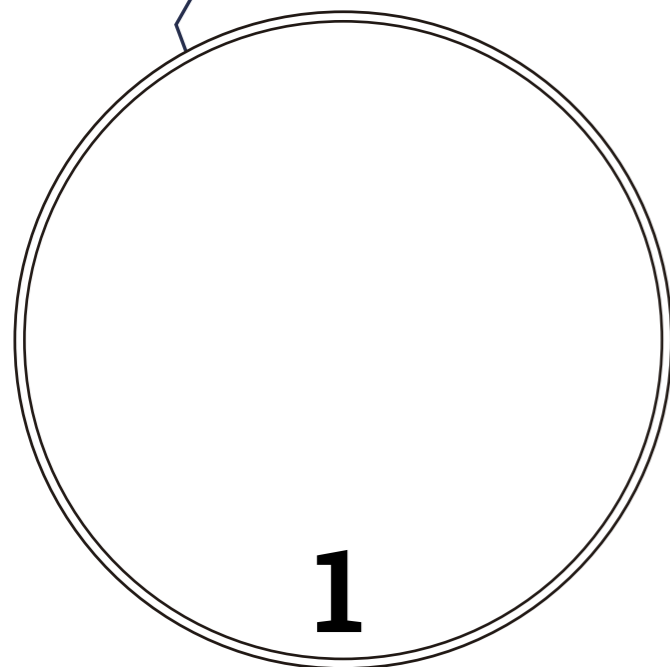
REGIÃO/PAÍS: \_\_\_\_\_  
CASTAS: \_\_\_\_\_  
ANO: \_\_\_\_\_  
NOTA: \_\_\_\_\_



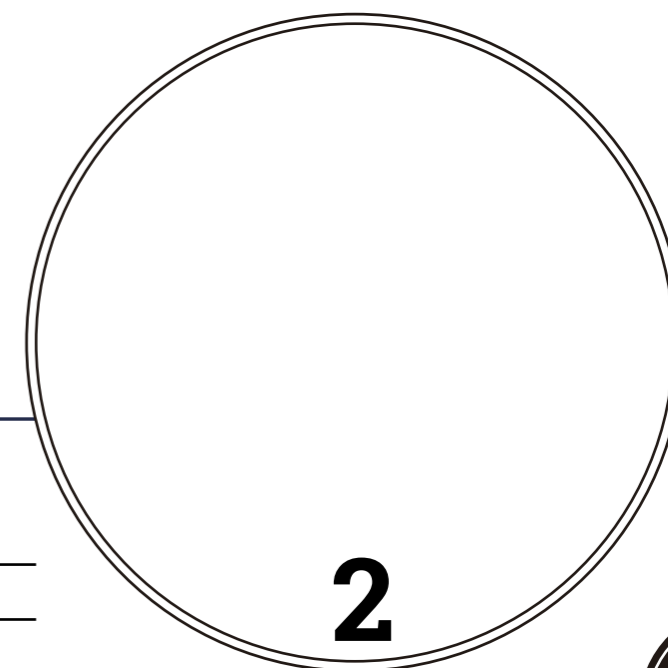
REGIÃO/PAÍS: \_\_\_\_\_  
CASTAS: \_\_\_\_\_  
ANO: \_\_\_\_\_  
NOTA: \_\_\_\_\_



REGIÃO/PAÍS: \_\_\_\_\_  
CASTAS: \_\_\_\_\_  
ANO: \_\_\_\_\_  
NOTA: \_\_\_\_\_



REGIÃO/PAÍS: \_\_\_\_\_  
CASTAS: \_\_\_\_\_  
ANO: \_\_\_\_\_  
NOTA: \_\_\_\_\_



REGIÃO/PAÍS: \_\_\_\_\_  
CASTAS: \_\_\_\_\_  
ANO: \_\_\_\_\_  
NOTA: \_\_\_\_\_