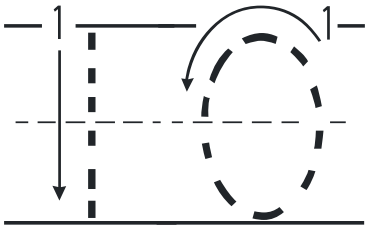
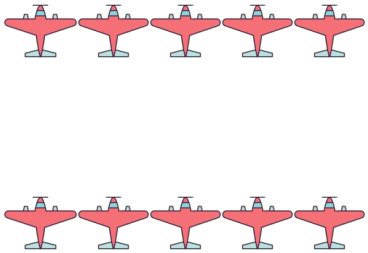
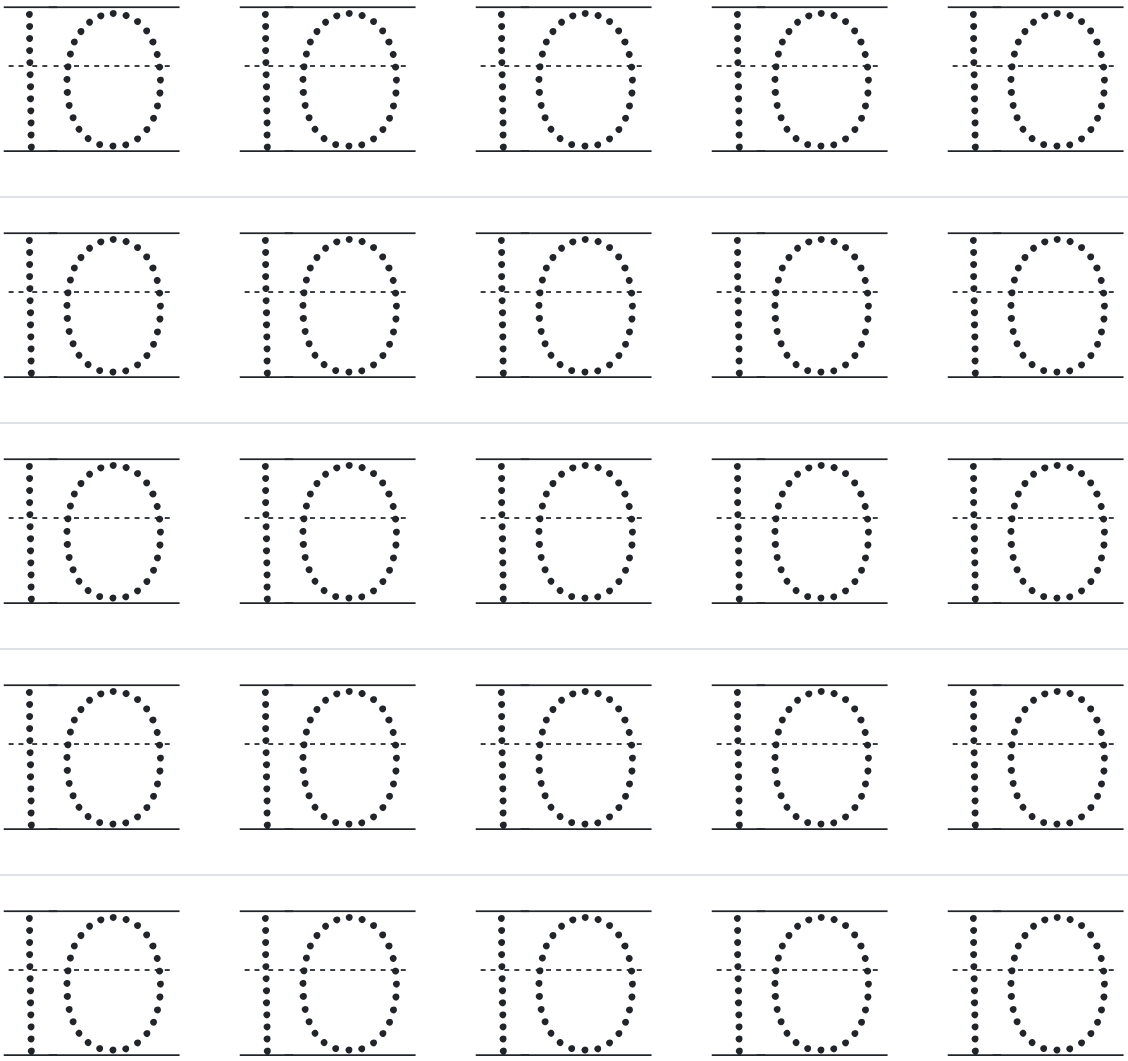
Viết số 5

Tên: _____ Ngày tháng: _____ Điểm: ____