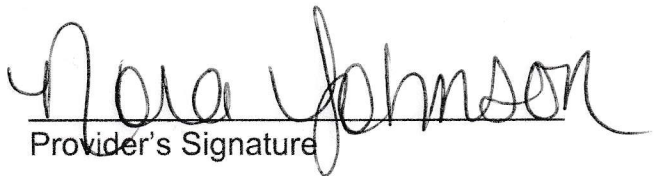


4. Ad Hoc Deficiency

| S No. | Deficiency |
|-------|------------|
|-------|------------|


Provider's Signature