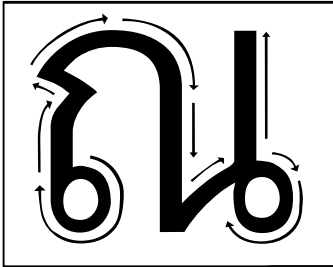


แบบคัดลายมือ ครั้งที่ 19

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



ณ. ไม่มอง



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