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Ethiopia, Eritrea and the Somalilands

## A. General

## (1) Ethiopia

Ethiopia is one of the larger African countries, with vast livestock resources and considerable potential capacity for large-scale animal production. However, technology and management are so ill-developed that the people are unable to take advantage of a major primary source of wealth.

Animal diseases take heavy tolls and control measures are so poorly conducted that Ethiopia is unable to capitalize on these resources through the growth of an important export trade in livestock products. Furthermore, primitive habits and ignorance prevent even national effective utilization of livestock. Animals are neither used extensively for meat or for draft purposes. Hence, the chief economic return in livestock lies in the sale of poor quality hides.

Many of the animal diseases in Ethiopia, in addition to the direct losses they cause, are threats to human health and little progress has been made either in accurately assessing their importance or in control.

The government is continuously plagued by a lack of trained personnel to carry out animal health programs that have been recommended by various international agencies, and there appears to be no probability of initiating such programs on a wide scale in the near future.

Despite efforts over a ten-year period to train technicians locally and educate veterinarians abroad, Ethiopia is still far short of required capable personnel to significantly expand animal health programs or to materially improve basic requirements

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13/ 21/ 26/ 38/  
for sanitary production of livestock products.

## (2) Eritrea and the Somalilands

In Eritrea the stimulating influence of British administrative authority until Federation with Ethiopia, in 1952, as well as the relatively advanced sanitary requirements of the large European population, have favorably influenced veterinary public health activities and animal health control in general. Subsequently, the possibility of premium sales of animal products to military installations in the area, as well as to an export processing plant, have encouraged animal health programs. However, the continuous movement of diseased animals from Ethiopia and the lack of adequate veterinary supervision prevent the area from attaining a satisfactory level in either animal health or veterinary public health programs.

The area comprising Somalia and the British Somalia Protectorate, confronted with conditions similar to those of Eritrea, have been provided with a greater degree of veterinary services. Nevertheless, animal diseases remain important problems.

French Somalia has relatively little indigenous livestock resources but does serve by virtue of its port facilities at Djibouti as an outlet for export of animals and meat products. 41/ 42/ 43/ 44/ 45/ 46/ 47/ 48/ 49/ 50/

## B. Environmental factors

## 1. Topography and climate

(a) Ethiopia -- Ethiopia, a 456,000 square mile area of northeast Africa, is a country with wide variations in topography and climate. The great Rift Valley, extending from the Red Sea to the Kenya border, and the mountain areas on either side, comprise the principal grazing area of the country and the climate varies with the altitude from cool and moist at upper elevations to sub-tropical and even arid at lower elevations.

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The areas bordering Somaliland are extremely arid and support only nomadic flocks and camel herds. The absence of frost, except at the extremely high elevations, and the wide range of equitable climatic conditions for various insect pests contribute to their perpetual growth and development, and many of these pests are prolific vectors of serious animal and human diseases.

Because of poor communication and difficult travel conditions, many localities are isolated from proper veterinary services. 11/ 12/ 16/ 26/

(b) Eritrea and the Somalilands -- Virtually all of Eritrea and the Somalilands are arid or subarid areas with little potential for efficient livestock production.

A few narrow river bed areas and oases provide water and green feed for a limited number of sedentary livestock. The vast majority of the animals, goats and camels

follow a migratory pattern seeking sparse feed and scant water supplies. h1/h2/h3/h4/h5/h6/  
h7/h8/h9/50/

## 2. Socio-economic pattern

(a) Ethiopia -- The social and economic barriers to development of sound animal disease prevention and veterinary public health programs are tremendous in Ethiopia. The multiplicity of tribal and religious customs and reactions to proposed programs is as great as in any country in Africa, and frequently a normally planned approach is completely unacceptable in certain areas. Value of animals in many areas may be so low that a program not supported by the central government cannot be sustained and very often financial support from the government is delayed or ignored. Despite extensive technical training programs, after World War II, Ethiopia still lacks qualified personnel in sufficient numbers to carry out many of the ambitious animal health programs proposed. In many instances programs actually initiated flounder because the government

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neglects to pay or to supply veterinary teams operating away from the immediate vicinity of the capital. In many instances violent tribal objection or active banditry encouraged by superstitious native "medicine men" thwart operation of proposed schemes. As a result of these primitive or superstitious attitudes large concentrations of livestock remain active reservoirs of infectious or contagious diseases which continue to infect stock in more enlightened areas of the country as well as the animals of contiguous countries. 11/ 12/ 16/ 26/ 3h/

(b) Eritrea and the Somalilands -- In Eritrea, British authorities, under postwar administration, attempted with a limited budget and some measure of success to train a number of native Eritreans as veterinary technicians to provide a corps of civil servants for the local government. However, a substantial part of technical and professional skills required for animal health and veterinary public health programs are still provided by Europeans or Indians. The same situation also pertains in the Somalilands. h1/ h2/ h3/ h4/ h5/ h6/ h7/ h8/ h9/ 50/

## 3. Animal and plant life

## a. Animal

(2) Flies -- Various species of sand flies and biting midges, Culicoides, are important vectors of African horsesickness, bluetongue and ephemeral fever. Glossinae, G. palpalis, G. morsitans, G. longipennis, G. pallidipes, G. tachinoides, and G. brevipalpis cause trypanosomiasis (nagana) in domestic animals.

## (5) Ticks and mites

(a) Ticks -- The ubiquitous ticks are vectors of a number of diseases. Only a few species have been identified. The more important ones and some of the

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diseases they transmit are: Rhipicephalus appendiculatus, East Coast fever, piroplasmosis, anaplasmosis; Rhipicephalus sanguineus, anaplasmosis; Amblyomma variegatum, heartwater, anaplasmosis; Hyalomma aegyptium, penderiosis, East Coast fever; Rhipicephalus evertsi, East Coast fever, piroplasmosis.

(b) Mites -- Sarcoptes scabiei, mange; Psoroptes ovis, mange.

(8) Worms -- Echinococcus granulosus, hydatidosis; Taenia saginata, cysticercosis; Fasciola hepatica, distomatosis.

(11) Wild animals -- Nyaenidae, rabies; Canis aureus, rabies. 11/15/16/18/21/26/

## 4. Nutrition

## b. Food supply and distribution

(1) Ethiopia -- Ethiopia has vast reservoirs of livestock, particularly cattle, but productivity and reproduction are low, limiting processing either for export or internal consumption. Native habits and preservation facilities do not encourage meat or milk consumption even in areas where supplies are adequate but diets <sup>are</sup> distinctly lacking in the food elements such commodities would provide. Widespread animal disease and parasitism results in barriers to the export of meat and meat products to many areas. Efforts of the technical assistance missions of the Food and Agriculture Organization of the United Nations and the United States have reduced the incidence of some important diseases but have not yet resulted in effective control. A United States government assistance plan involving disease control, sanitation and improved breeding, has resulted in the availability of a modest supply of milk to U.S. installations in the Eritrean area. However, recent recurrent disease problems have limited the expansion of this production program. 16/ 26/ 28/ 38/ 39/

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(2) Eritrea and the Somalilands -- Eritrea and the Somalilands are sparsely populated by livestock. Supplies of animals and animal products, adequate but little used for local consumption, find their way to export through the shipping and processing facilities at the major cities, such as Asmara (15-20N - 38-55E), Djibouti (11-36N - 43-09E) or Mogadiscio (2-04N - 45-22E). 41/ 42/ 43/44/ 45/ 46/ 47/ 48/ 49/ 50/

## c. Food sanitation, storage and technology

(1) Ethiopia -- With the exception of a recently constructed slaughterhouse in Addis Ababa (9-02N - 38-42E), adequate facilities for processing of animal products do not exist in Ethiopia. In rural areas the complete chain of milk or meat marketing is conducted under extremely primitive unsanitary conditions and no inspection or regulation whatsoever over the process exists. 16/ 26/ 28/ 38/

(2) Eritrea and the Somalilands -- While a degree of sanitary supervision of meat and dairy products existed in postwar Eritrea, it was not until the construction of an export meat plant by an Israeli firm at the time of Federation (1952) that adequate facilities for sanitary livestock slaughter existed. This modern plant has combined facilities for processing fresh meat and canned products. Stimulated by a potential sale of dairy products to U.S. military and State Department personnel stationed in the area, an Italian managed firm in Asmara has attempted, beginning in 1959, to develop a sanitary milk supply and a modern processing plant.

In the former British Somalia Protectorate reasonable good standards in slaughter and meat handling have been established in the major cities. Rural facilities remain primitive. Similar conditions pertain in Somalia, but a small modern slaughter and meat processing plant designed to fulfill sanitary requirements for export of meat products was built in Mogadiscio in 1955.

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The same Israeli firm which established the meat processing facilities in Eritrea constructed a similar unit at Djibouti in French Somaliland

1952-1953. 41/ 42/ 43/ 44/ 45/ 46/ 47/ 48/ 49/ 50/

## G. Diseases

## 2. Diseases of animals

a. Ethiopia -- Ethiopia's livestock is grossly affected by a large number of serious diseases and parasitic conditions, many of which are extremely significant public health problems. These diseases and parasite problems severely limit the country's livestock productivity and serve, because of lack of disease control, to prevent under present conditions an over-population of animals. Rational development of Ethiopia's livestock resources depends on a well planned disease control program, and simultaneously, effective animal husbandry management. At the present time hides are the principal marketable livestock product of an industry that contributes export revenue second only to coffee. Low quality and diseased animals prevent the expansion of a currently small export meat industry.

## (a) Prevalent animal diseases

(1) Rinderpest -- Rinderpest, despite a twelve-year control campaign, remains one of the two most serious cattle diseases in Ethiopia. Annual losses from this disease remain large because of inefficient immunization procedures. Although millions of animals have been vaccinated against this disease, both the mishandling of the vaccine in the field and its irrational geographical application have resulted in continuing outbreaks. Furthermore, Ethiopia remains, in Africa, one of the few constant continuing reservoirs of infection to neighboring countries which would otherwise have eliminated the disease.

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normal movement of animals for grazing and transport in certain "fly infested" belts. Unlike other parts of Africa, no major effort has been made in Ethiopia to control or eliminate the tsetse fly.

(5) Tuberculosis -- Bovine tuberculosis rates as high as 60 percent<sup>8</sup> have been recorded in some dairy herds in or around Addis Ababa. The incidence of the disease in indigenous animals elsewhere in the country has never been investigated. The reaction of the government to the rampant infection in dairy stock is one of complacency and only in a few herds has any effort been made to eliminate reactors. Furthermore, the sanitary measures necessary to prevent reinfection of replacement stock are inadequate. There appears to be little effort to correlate the epidemiological information relative to bovine tuberculosis with that of human infection.

(6) Rabies -- Rabies in canines and feral animals is epizootic throughout Ethiopia. Virtually no efforts to control the disease exists outside Addis Ababa, where only a few of the numerous uncontrolled dogs are vaccinated each year. Control through elimination of strays is cursory at best. In rural areas jackals and hyenas serve to perpetuate the disease. The World Health Organization Survey of Rabies reports 4,110 humans were treated against rabies in 1959 and 3,592 in 1960. The number of human deaths from rabies is not reported.

(b) Other important diseases -- Ethiopian livestock is affected by a great number of animal diseases. Only a few are diagnosed and incidence reporting is very incomplete. In cattle anthrax, anaplasmosis and brucellosis are known to be prevalent. Foot-and-mouth disease and pasteurellosis are suspected of causing serious losses. Among sheep, mange, pox and enterotoxaemia, have been identified but the

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incidence is unknown. African horsesickness is periodically serious in

1/ 2/ 3/ 5/ 7/ 14/ 19/ 21/  
equines.

b. Eritrea and the Somalilands -- Eritrea and the Somalia livestock are affected by the same serious diseases plaguing Ethiopian animals. However, somewhat more rational and dedicated preventive programs such as immunization and restricted movement of affected and exposed animals, except in French Somalia, reduces losses considerably over those experienced in Ethiopia. Rinderpest, contagious bovine pleuropneumonia, and trypanosomiasis are the major threats to livestock production. Trypanosomiasis is endemic in riverine areas. The extent of tuberculosis and brucellosis is not known in any of these areas but infection with either or both diseases is probably relatively common. In the former British Somalia rabies has been effectively controlled in urban areas by compulsory vaccination of pets and elimination of stray dogs. The disease remains a problem in rural areas because of infected hyenas or jackals. As in Ethiopia, cysticercosis is widespread and a major veterinary public health problem. h1/ h2/ h3/ h4/ h5/ h6/ h7/ h8/ h9/ 50/

## D. Veterinary medical organization and administration

## 1. Civilian

## a. Organization

(1) Ethiopia -- Veterinary services over the past ten years have been provided almost entirely by the Food and Agriculture Organization of the United Nations (FAO) and the U.S. International Cooperation Administration (ICA). The Ethiopian government has retained a few European veterinarians who generally have worked with the FAO veterinary officers on disease prevention programs. The small group of foreign veterinary personnel have been supported to an increasing extent in the past few

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years by technicians and vaccinators trained under programs operated by ICA or FAO.

The Ethiopian government has established a Veterinary Department within the Ministry of Agriculture under direction of a non-veterinarian. The veterinarians employed by the government and those provided by international organizations have only advisory status and recommendations made to the Director of Veterinary Services are often either ignored or over-ruled.

Technicians and vaccinators in the field are not well supervised or controlled. The Ministry of Public Health has no veterinary program and shows little interest in the serious zoonoses problems investigated and reported by the veterinary services.

Vaccination programs for rinderpest and contagious bovine pleuropneumonia are supported by the government and are supposed to be free. However, there are frequent reports of illicit collection of fees in some areas. 16/ 20/ 26/ 38/

(2) Eritrea and the Somalilands -- Veterinary services for field programs in Eritrea are provided by Ethiopia since Federation in 1952. Regular vaccination teams are stationed in this area of the country but supervision by qualified veterinarians occurs at only irregular intervals, when foreign veterinarians employed by the Ethiopian government or internationally employed veterinary advisors stationed in Addis Ababa are sent to Eritrea on short-term assignments.

In Somalia, veterinary services have been provided by six Italian veterinarians, who have trained and supervised vaccinators and veterinary assistants for various activities. Organization and operation of veterinary programs have been notably more efficient than those in Ethiopia. A veterinary laboratory, producing the major veterinary biological requirements for the country, has been established at Merca. (1-43N -

44-53E).

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In British Somalia veterinary services have been provided by two British

(9-35N - 44-04E)  
veterinarians in the Colonial Service, one stationed at Hargeisa/and one at Burso(9-31N -  
45-34E).

As in Somalia, these veterinarians have trained and supervised veterinary teams and  
established several organized disease control programs.

Aside from the veterinary inspection provided at the Israeli meat processing plant,  
no veterinary services exist in French Somalia. 11/12/13/14/15/16/17/18/19/50/

## b. Legal controls

## (a) Ethiopia

(1) Licensure -- Since Ethiopia has no native veterinarians no  
licensure is required. European veterinarians employed by the government or provided  
by the international organizations are accepted as qualified.

(2) Quarantine -- Veterinary advisors to the Ethiopian government have  
prepared drafts of regulations for animal disease control, quarantine, and food control  
to reinforce recommendations for expanded veterinary services. These regulations were  
not intended to be put in force until reasonably adequate qualified personnel require-  
ments were available, and they have not been enacted.

(3) Inspection -- There is virtually no inspection or supervision over  
meat or milk processing and distribution for local consumption. 16/ 20/ 26/

(b) Eritrea and the Somaliland -- Various systems of quarantine, to  
control the repeated incursion of diseases from Ethiopia, have been set up in  
Eritrea and the Somaliland. However, the unsupervised or clandestine migration of  
livestock across generally unrecognized borders makes disease control through such  
systems relatively ineffective.

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Veterinary inspection of animal products or live animals is carried out only at the meat processing establishments engaged in export or at the ports of embarkation of live animals destined for Egypt or the Middle East. h1/h2/h3/h4/h5/h6/h7/h8/h9/50/

## c. Professional veterinary organizations.

(a) Ethiopia -- Since Ethiopia has no native veterinarians no professional organization exists. 16/ 28/

(b) Eritrea and the Somalilands -- No professional veterinary organization exists in Eritrea or Somalia. h1/ h2/ h3/ h4/ h5/ h6/ h7/ h8/ h9/ 50/

## d. Veterinary research

(a) Ethiopia -- Ethiopia has neither qualified personnel nor adequate facilities available for significant research in veterinary science. Foreign veterinarians employed by FAO have completed a few animal disease investigations that could lead to research if time and funds were made available. 16/ 37/ 38/

(b) Eritrea and the Somalilands -- No veterinary research is carried out in Eritrea or the Somalilands. h1/ h2/ h3/ h4/ h5/ h6/ h7/ h8/ h9/ 59/

f. Emergency veterinary services -- FAO and ICA veterinarians have organized technician teams in attempts to cope with serious outbreaks of rinderpest and contagious bovine pleuropneumonia in the past. These units are drawn from the regular corps of the Livestock Section as they are needed. 16/ 37/ 38/

2. Military veterinary medicine -- No military veterinary service exists. The military equine units are cared for by FAO veterinarians and local technicians as required. 16/ 38/

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E. Veterinary manpower

1. Ethiopia -- Veterinary manpower over the past ten years or more has been supplied by FAO or ICA, with the Ethiopian government employing a small group of European veterinarians. The veterinary force has never been large enough to do more than supervise vaccine production and act in an advisory capacity in field vaccination programs.

Despite continuous recommendations for intensive preparation of Ethiopian students for education in veterinary science abroad, such programs have never developed. Although a number of students have been sent abroad none have managed to maintain grade average permitting graduation.

Relatively large numbers of technicians and vaccinators have been trained locally by FAO or ICA, but well qualified people to supervise and guide the work in the field are not available.

Ethiopia will continue for many years to be dependent on international organizations for the employment of foreign veterinarians to develop animal health programs. 16/20/26/38/

2. Eritrea and the Somalilands -- One Israeli veterinarian supervises meat inspection in Asmara. Other veterinary services, aside from the work regularly carried out by veterinary assistants, are performed on a transient basis by veterinarians dispatched from Addis Ababa.

One Israeli veterinarian carries out meat inspection in Djibouti, French Somalia, and other veterinary services are completely neglected.

Veterinary services in the former British Somalia are supervised by two British veterinarians and in Somalia six Italian veterinarians carry out similar

functions. 41/ 42/ 43/ 44/ 45/ 46/ 47/ 48/ 49/ 50/

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## F. Veterinary facilities

1. Ethiopia -- The only veterinary facility of major importance is the vaccine production laboratory near Addis Ababa. This unit is adequate for current vaccine production requirements but the laboratory animal holding facilities are poor. This laboratory, equipped principally by FAO, is primarily utilized for rinderpest vaccine production, but other vaccines for contagious bovine pleuropneumonia and anthrax are also produced. Some laboratory diagnosis is also accomplished in this laboratory.

The Agricultural School at Jimma (7-40N - 36-50E) has a modest laboratory diagnostic unit utilized principally for training veterinary technicians. 16/ 37/ 38/

2. Eritrea and the Somalilands -- Eritrea, the British Somalia area and French Somalia have only modest veterinary diagnostic units in the major cities. These installations also serve as distribution centers for biologicals and veterinary medicaments. In Somalia, the Italian operated veterinary services have organized and built a small biological production facility at Merca which, in addition to producing the essential animal immunising products required in the area, also produces a limited amount of human vaccines. 41/ 42/ 43/ 44/ 45/ 46/ 47/ 48/ 49/ 50/

## G. Veterinary supplies and materials

1. Ethiopia -- The veterinary laboratory near Addis Ababa produces sufficient goat spleen rinderpest vaccine to permit vaccination of up to one million cattle per year. Several hundred thousand doses of contagious bovine pleuropneumonia vaccine can also be produced. Moderate amounts of other vaccines are prepared as required.

All pharmaceuticals and drugs used in laboratory or field services are imported. 16/26/37/38/

2. Eritrea and the Somalilands -- Eritrea depends largely on Ethiopia for veterinary supplies. Vaccines for rinderpest or contagious bovine pleuropneumonia

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are generally adequate but other vaccines, diagnostic agents, or medicaments are in short supply, which hinders progress in disease control and diagnosis.

The Somalias, except for French Somalia, are relatively well supplied with veterinary materials either from local production or imports. h1/h2/h3/h4/h5/h6/h7/h8/h9/50/

H. Reference data — No reference data is included.

I. Comments on principal sources

1. Evaluation — Reliable information regarding animal diseases in Ethiopia, Eritrea and French Somalia is sketchy. The most useful information in all sections of this report are personal communications with FAO and ICA veterinarians who are now or who have recently been in the country. Annual reports of the veterinary services in the Somalia Protectorate and Somalia provide more detailed information on subjects in these areas.

2. List of sources in order of importance.

- (1) Van Daalen, E.A. "Veterinary Medicine in Ethiopia." Tijdschr. Diergeneeskunde, (Journal of Veterinary Medicine). vol. 85, Utrecht. Faculty of Veterinary Medicine. June 1960. (Unclassified)
- (2) United Nations, Food and Agriculture Organization. Field Reports of Veterinary Officers 1951-1954. Addis Ababa. 1954. (Unclassified)
- (3) \_\_\_\_\_, Food and Agriculture Organization/Office of International Epizootics. FAO/OIE Animal Health Yearbook 1960. Rome. 1961. (Unclassified)
- (4) U.S. International Cooperation Administration. Airgram TOICA A-1062 "Livestock Survey of Borena/Sidamo." Addis Ababa. May 3, 1960. (Unclassified)
- (5) Personal communications. United Nations Food and Agriculture veterinarians. Rome. 1961. (Unclassified)

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