

ATTESTATION FORM.

FOR SPECIAL FORCES RAISED FOR SERVICE IN AUSTRALIA OR ABROAD.

Army No. N276061 NX135878
 Surname THORNCRAFT Other Names REUBEN ALLEN
 (BLOCK CAPITALS)
 Unit _____
 Enlisted for service at _____ (Place)
 _____ (State) _____ (Date)

A. Questions to be put to persons called out or presenting themselves for voluntary enlistment.

1. What is your name? { 1. Surname THORNCRAFT
 (BLOCK CAPITALS)
 Other names Reuben Allen.

2. Where were you born? { 2. In or near the town of Eugowra.
 in the State or country of New South Wales

3. Are you a natural born or a naturalized British Subject? If the latter, papers are to be produced { 3. NATURAL BORN

4. What is your age and date of birth? { 4. Age 19 yrs.
 Date of Birth 18-5-23.

5. What is your trade or occupation? { 5. Student Teacher

6. Are you married, single or widower? { 6. Single

7. Give details of previous Military Service { 7. A.M.F. No. N276061 Rank Pte. Unit S.U.R.
 OTHER MILITARY SERVICE Dec. 41. March 42.
 No. _____ Rank _____ Unit _____

8. If now serving, give particulars { 8. No. N276061 Rank A/Bdr. Unit 20th Field Regt.

9. Who is your actual next of kin? (Order of relationship:—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister.) { 9. Name Reuben Allen Thorncraft. Son.
 Address 2 Neale St,
 Katoomba.
 Relationship Father.

10. What is your permanent address? { 10. 2 Neale St.
 Katoomba.

11. What is your religious denomination? (Answer optional.) { 11. Presbyterian.

12. Have you ever been convicted by a civil court? { 12. No

13. Have you any of the following Educational Qualifications? If so, which? { 1. Certificate for Entry to Secondary School yes
 2. Intermediate yes
 3. Leaving yes
 4. Leaving Honours yes.
 5. Technical No
 6. University Degrees No
 7. Other Diplomas No

I, Allen Reuben Thorncraft do solemnly declare that the above answers made by me to the above questions are true and that I am willing to serve in the Australian Military Forces within or beyond the limits of the Commonwealth.

Witnessed by [Signature] (Signature of Attesting or Witnessing Officer) [Signature] (Signature)

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Act.

B MEDICAL EXAMINATION
 I certify the above-named person to be fit for Class One Temporarily unfit. Unfit Capt (Signature) [Signature]

C OATH OF ENLISTMENT †
 I, Allen Reuben Thorncraft swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation of the present time of war and twelve months thereafter or until sooner lawfully discharged, dismissed or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God
 Signature of Person Enlisted [Signature]
 Subscribed at In the field in the State of New South Wales
 this First day of November 19 42
 Before me—
 Signature of Attesting Officer [Signature]

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialed by the Attesting Officer.

COPY

A.F. B.103-1 (Adapted)

SERVICE AND CASUALTY FORM

Army No. ~~NX/35878~~ NX/35878

A 261
SER.No.
PREP'D
for
A.P.M.
A.Sgt

17 SEP 1943

Unit ~~20~~ Aust Field Regiment

Rank A. Bdr. (On Enlistment) Christian Names Reuben Allen

Surname THORNCRAFT. (Block Capitals)

Date of Enlistment 30.10.41
Place University of Sydney
Date and Place of Birth 18.5.1923. Eugawra
Trade or Occupation Student
Religion Presbyterian
Medical Classification—
Class I.
Class II.
(On Enlistment)

Marital Condition Single
Next of Kin Reuben Allen Thorncraft
Address of Next of Kin 67 Dangar St. North Sydney
Relationship Father
Identification—Colour of Hair Fair Eyes Hazel
Distinctive Marks Scar Right thigh

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					
4.12.41	C.O. S.U.R.	Marched in <u>Taken on strength</u>	4.12.41	E.C.	M.O.B. 3. R.O. 59/426	J.B.B.
23.2.42	"	Tfd. to 110 Light A.A. Regt.	23.2.42	"	W3011 R.O. 29/2802	J.B.B.
26.2.42	110 L.A.A.	Marched in <u>Taken on strength ex S.U.R. Regt.</u>	23.2.42	"	W3011 R.O. 2/231	J.B.B.
24.3.42	"	Det. to E.C.T.S. (Acting Wing)	10.3.42	"	W3011 R.O. 8/749	J.B.B.
7.4.42	"	Rejd Unit on E.C.T.S. (Acting Wing)	7.4.42	"	W3011 R.O. 11/934	J.B.B.
11.4.42	"	Tfd. to 70 Td Regt.	11.4.42	"	W3011 R.O. 12/1122	J.B.B.
12.4.42	70 Td Regt.	Marched in <u>Taken on strength ex Lt. A.A. Regt.</u>	11.4.42	"	W3011 R.O. 7/710	E.S.
11.6.42	"	appta A.Bdr. (W.S.)	11.6.42	Specs Point	W3011 R.O. 29/1922	E.S.
5.7.42	"	Det. to L.H.Q. School of Artillery the "X" List	5.7.42	"	W3011 R.O. 38/242	E.S.
28.9.42	"	Rejd Unit ex L.H.Q. School of Artillery the "X" List	28.9.42	Speers Pt	W3011 R.O. 61/3539	E.S.
29.9.42	"	Change of address of N/K	28.9.42	Speers Pt	W3011	ES
21.10.42	NSW L/C	Qualified at N°20 Course for P.O.	28.9.42	Woldsworth	86/1/248	ES

DISCHARGED

NX135878
~~N276061~~

THORNCRAFT. R.A.

~~A/BDR~~ Jnr
~~A/SGT~~
~~A/BDR~~

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					
12.11.42	20 Aust. Fld. Regt.	App'd A/SGT (W.E)	14.6.42	Speers Pt	W3011 R077/4058	ES
15.11.42	"	Sp'd to A.I.F. Allocated Armyd NX135878	1/11/42	Speers Pt	W3011 R079/4110	ES
12.11.42	"	Reverted to A/BDR at own request	11/9/42	Speers Pt	W3011 R080/4144	ES
20.11.42	1 Fld. Regt.	Taken on strength ex 20 Aust. Fld. Regt.	12.11.42	Larg.	W.3011 - R0.122/5412	///
20.11.42	"	Sp'd to 2 Aust. Arty. Long Regt.	12.11.42	"	- R0.123/5477	///
30.12.42	20 Fld. Regt.	Dual at I.H. & School of Arty Serial 2028	28.9.42	Speers Pt	W3011 R077/4117	ES
12.11.42	"	Sp'd to 1 Aust. Fld. Regt.	12.11.42	Speers Pt	W3011	ES
		Discharged. Required for service with the Royal Australian Air Force.				
21.9.43	ORO	Auth no 210449 15.9.43	20.9.43	Sydney	4086/3496	PH
9.7.43	2 Aust. Fld. Arty. Long Regt.	STILL WITH UNIT	22.6.43	Greta	55.1588	JW
21.8.43	"	Reverted to GNR.	17.8.43	NSW Area	W3011 R080/980	FW

DISCHARGED

NOTHING TO BE WRITTEN IN THIS SPACE.

CERTIFIED TRUE COPY
 I CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL OF WHICH IT PURPORTS TO BE A COPY, AND THAT I AM THE OFFICER HAVING THE CUSTODY OF THE ORIGINAL.

[Signature]
 N.S.W. L of C Area Records Office



TAMWORTH

MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

Army No. N/276061
 Surname THORNCRAFT (BLOCK CAPITALS) Christian Names Reuben Allen
 Unit _____
 Enlisted for war service at ARMIDALE (Place)
N.S.W. (State) 30th October 1941. (Date)

A

Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name? ...	1. Surname <u>THORNCRAFT</u> (BLOCK CAPITALS) Other names <u>Reuben Allen</u>
2. Where were you born? ...	2. In or near the town of <u>EUGOWRA</u> In the state or country of <u>N.S.W.</u>
3. Are you a British Subject? ...	3. <u>N.B.B.S.</u>
4. What is your age and date of birth? ...	4. Age <u>18 yrs. 5 mths.</u> Date of Birth <u>18/5/1923</u>
5. (a) What is your normal trade or occupation? Grade if any? (b) Present occupation? ...	5. (a) <u>Student</u> (b) <u>"</u>
6. (a) Are you married, single or widower? ... (b) If married state date of marriage? ...	6. (a) <u>Single</u> (b) _____
7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? (b) What was the reason for your discharge? ...	7. (a) <u>No</u> (b) _____
8. Who is your actual next of kin? (Order of relationship—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)	8. Name <u>THORNCRAFT, Reuben Allen</u> Address <u>2 Neale St.</u> <u>KATOOMBA N.S.W.</u> Relationship <u>Father</u>
9. What is your permanent address? ...	9. <u>149 Brown St.,</u> <u>ARMIDALE N.S.W.</u>
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ...	10. <u>Presbyterian</u>
11. Which, if any, of the following Educational Qualifications do you possess? ...	1. Certificate for entry to Secondary School <u>Yes.</u> 2. Intermediate <u>Yes.</u> 3. Leaving <u>Yes.</u> 4. Leaving Honours <u>Geography II.</u> 5. Technical <u>No.</u> 6. University Degree <u>No.</u> 7. Other Diplomas <u>No.</u>
12. Have you ever been convicted by a Civil Court? ... If so—(a) What Court? ... (b) for what offence? ...	12. <u>No.</u> (a) _____ (b) _____

I, Reube Allen THORNCRAFT do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by [Signature] E. J. MOUNTAIN, Capt.
(Signature of Attesting or Witnessing Officer.)

Allen Thorncraft.
Signature.

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

- 1. Fit for Class I.
- 2. Temporarily unfit for Class I † _____
- 3. ~~Fit for Class II.~~
- 4. Temporarily unfit for Class II † _____
- 5. Unfit for military service † _____

Place Armidale Date 30. 10. 41
 Signature of Examining Medical Officer [Signature]
 112. Mallam

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, Reuben Allen Thorncraft. swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, and for a period of twelve months thereafter, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted Allen Thorncraft.

Subscribed at Armidale in the State of N. S. W

this thirtieth day of October 1941.

Before me—

Signature of Attesting Officer [Signature]
 Area Officer 33A Tamworth

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

Teachers college Armidale

1922/1923

ATC

A.A. Form D.1. (Revised July, 1940.)

AREA 33A
1A/194
TAMWORTH



AUSTRALIAN

MILITARY FORCES

Medical History Sheet of (Army No.) N/276061

Surname (in capitals) THORNCRAFT Christian Names Reuben Allen
Age 18 years 5 months Date of birth 18/5/1923 Birthplace EUGOWRA N.S.W.
Occupation Student Religious Denomination Presbyterian
Complexion Fair Colour of hair Fair Colour of eyes Hazel
Distinctive marks, and marks indicating congenital peculiarities or previous disease } Scar on right thigh 1"



TABLE 1.

1. Are you now suffering from any disease or disability? no.
2. Have you ever suffered from any of the following illnesses?

(a) Rheumatic Fever <u>no</u>	(i) Kidney Disease <u>no</u>
(b) Weak Heart or Heart Disease <u>no</u>	(j) Skin Disease <u>no</u>
(c) Tuberculosis or Consumption <u>no</u>	(k) Malaria <u>no</u>
(d) Spitting of blood <u>no</u>	(l) Dysentery <u>no</u>
(e) Pleurisy <u>no</u>	(m) Ulcer of the Stomach or Indigestion <u>no</u>
(f) Asthma or Shortness of breath <u>no</u>	(n) Piles <u>no</u>
(g) Venereal Disease or Stricture <u>no</u>	(o) Have you ever had any other serious illness? <u>no</u>
(h) Neurasthenia or Nervous Breakdown <u>no</u>	
3. Have you had fits of any kind? no
4. Have you had discharge from either ear? yes
5. Have you had a broken bone or been seriously injured? no
If so, state nature and date
6. Have you been operated upon? no
If so, state nature and date
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
If so, give particulars (relation and when) no
8. Have you been rejected or deferred for Life Insurance? no
9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? no
If so, give date and reason
- *10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning? no
If so, give particulars

†I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station Armidale

Date 30th Oct. 1941.

Signature of Recruit Allen Thorncraft.

Examined on 30th day of Oct. 1941

at Armidale

Without Glasses

{ Right 6/6

{ Left 6/6

VISION

With glasses

{ Right

{ Left

Height 5 feet " inches.

Weight 166 lb.

Chest Measurement { Girth when full expanded 38 1/2 inches.

{ Range of expansion 4 1/2 inches.

Vaccination Marks

{ Right no

{ Left no

Number

Number

When vaccinated

Urine Clear

Blood Pressure, Systolic

Diastolic

Slight defects, but not sufficient to cause rejection

(Details in Table VI.)

Examined by me and classified as follows

Classification † I

Subsequent Medical Examinations :-

Classification †

Signature MacKays

Date 30.10.41

Signature M.H. Mallum

Date 30.10.41

Signature

Date

Signature

Date

*Only to be answered if the recruit has had active service.

†The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.

‡In accordance with S.O. A.A.M.S., reason for unfitness to be stated

MA
13/11/41

TABLE II.
MEDICAL HISTORY.

(1) Name of Hospital or Place of Treatment	(2) PERIOD			(3) Place of Casualty	(4) Date	(5) Disability and Remarks bearing on the case likely to be of future use	(6) Signature of Medical Officer
	From—	To—	No of Days				

TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R.						Frame No. (or measurements)	Date of Issue
L.							

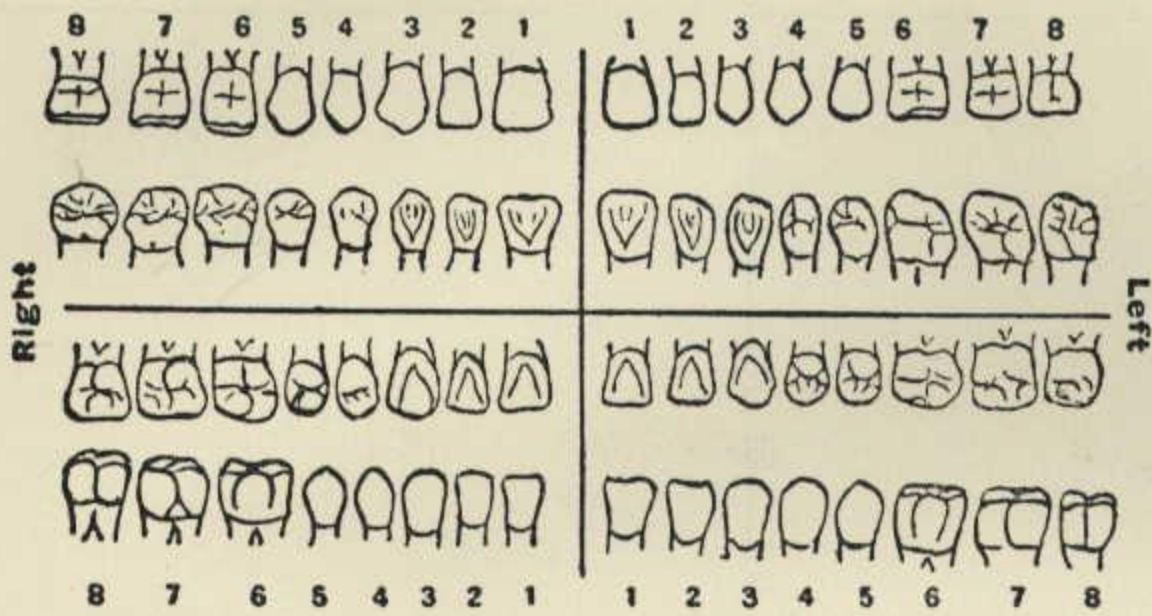
Signature of M.O......

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:—

Dental Requirements:—



No alteration or addition will be made to this chart after the dental condition has been recorded.

Symbols to be used by Dental Officer.

Dentally fit ..	Dentally fit	Gingivitis	G
Missing ..	M	Scaling required	Sc.
Unerupted ..	U	Dentures—Full Upper	FU
Extraction required	X	.. Full Lower	FL
Filling required	Y	.. Part Upper PU (No. of teeth.....)	} In Situ Reqd.
Restored tooth	R	.. Part Lower PL (No. of teeth.....)	

NOTE.—Teeth replaced by a denture to be marked "D".

Place.....

Signature.....

Date..... Rank.....

Dental Officer.

TABLE VI.

Details of defects detected which are not such as to cause rejection.

TABLE VII.

Report of X-Ray Examination of Chest.

H40153

H6/2

DISTRICT RECORDS OFFICE EASTERN COMMAND		
27	26	1356

(PRO FORMA D.9)

Receipt is acknowledged of the undermentioned, in respect of my service in the A.I.F.

- (1) Discharge Certificate No. 40.
- (2) ~~xActive~~ ~~xService~~ ~~xBadge~~ ~~xNo~~
- (3) ~~xArmy~~ ~~xForm~~ ~~xA~~ ~~x131~~, ~~xpurporting~~ ~~xto~~
contain ~~xmy~~ ~~xWill~~ ~~x~~
- (4) ~~xAdvice~~ ~~xre~~ ~~xMalaria~~, ~~xetc~~ ~~xxxxxxx~~

..... *A. Thorncraft*

Ex... NX135878 Gnr... THORNCRAFT, Reuben A.

APH
1 - NOV 1943

DATE... *27/10/43*

P.A.
Subaru
NOV 1943

WITNESS... *W. afferty* *LAC.*

41



(Ex NX135878) (27/26/1356)

PARTICULARS OF ARTICLE

Form R.15 (C.5)

Postmark of office
Timbre du bureau
returning advice.
renvoyant l'avis

Registered Article (1) AI3I
Envoi recommandé
Posted at SYDNEY
Déposé au bureau de poste à

30 JAN 1945 19 No. 4505
Sous le No.

ON POSTAL SERVICE
SERVICE DES POSTES

Sent by NSW ECHELON & RECORDS
Expédié par
Addressed to Mr R.A. Thornecraft
Adressé à

67 Dangar Street
ARMIDALE N.S.W.

SENDER'S NAME AND ADDRESS:

Insert "Letter," "Registered Matter,"
"Parcel," etc., as the case may be. If
an unregistered parcel, strike out "Re-
gistered" and insert "Ordinary."

M. N.S.W. ECHELON AND
(Name) RECORDS

BROADWAY, SYDNEY
(Street and number or P.O. Box No.)



Particulars of the
article, and the name
and address on right,
are to be inserted by
the sender.

PA
L.276

3 FEB 1945
(City or town)

(State)

AUSTRALIA

ADVICE OF DELIVERY
(AVIS DE RECEPTION)

FOR USE AT OFFICES IN AUSTRALIA

The undersigned acknowledges the receipt on
5th February 1945 of the article described
on the other side of this card

J. Duncan
.....
(Signature of addressee)

A. Thompson
.....
(Signature of officer by whom delivery is made)

To be forwarded to sender by first mail after delivery.

NOTE.—An A.R. article posted in the Commonwealth for delivery therein is delivered to the addressee only. In other countries, delivery is effected in accordance with their own regulations. In some countries, it is the practice for the A.R. card to be signed by an official at the delivering office and not by the addressee.

FOR USE ONLY AT OFFICES OUTSIDE AUSTRALIA

The undersigned states that the article described
Le soussigné déclare que l'envoi mentionné
on the other side was duly delivered on
d'autre part a été dûment livré le

1).....
(Signature of addressee)
(Signature du destinataire).

1).....
(Signature of official at delivery office)
(Signature de l'agent du bureau destinataire)

1) This advice must be signed by the addressee, or, if the
Cet avis doit être signé par le destinataire, ou si les
regulations of the country of destination so provide, by
règlements du pays de destination le comportent, par
the official of the delivery office, and returned by the
l'agent du bureau destinataire et renvoyé par le.
first mail to the sender.

premier courrier directement à l'expéditeur.

(PRO FORMA D1).

PARTICULARS OF DISCHARGE PROCEEDING.

AUTH. NO. 210449 DATE OF AUTH. 15.9.43 A261 PREPARED

ARMY NO. 21X135298 RANK Gnr

NAME Member of the THORNE RAFT

UNIT 2nd Inf Coy 2nd Div

BORN AT Wagga Wagga IN THE STATE OR COUNTRY

OF N.S.W. ON 18/5/1923

ENLISTED AT Sydney ON 30/10/1941 AGE 18 YEARS

FOR THE C.M.F. transferred to 11th REGIMENT OR CORPS

HE IS DISCHARGED IN CONSEQUENCE OF Being required for

service with the R.A.A.F.

FULL TIME DUTY FROM 4.12.41

PERIOD OF SERVICE 1 YEARS 291 DAYS MEDALS

INCLUDING 1 YEARS 160 DAYS DECORATIONS

ACTIVE SERVICE FROM 14.4.42 TO 20.9.43

DISCHARGE AUTHORISED BY G.O.C., N.S.W. L. OF C. AREA 210449

TO TAKE EFFECT ON 20.9.43 AT SYDNEY

AGE 20 yrs. HEIGHT 5'0" WEIGHT 189 lbs.

COMPLEXION Fair EYES Blue HAIR Fair

DISTINCTIVE MARKS OR SCARS Scar R/High

TRADE) ON ENLISTMENT Student

OR) DURING SERVICE NS

OCCUPATION) NS

LOCATION NS RELIGION Pres.

PARTICULARS EXTRACTED BY W. H. H. H. CHECKED BY W. H. H. H.

DISCHARGE CERTIFICATE NO. of 80310ca (A.A.F. A209)

D/C. CHECKED BY W. H. H. H. ENTERED REGISTER 21.9.43

SINGLE)

MARRIED) N/K. Member of the Thorne Raft RELATIONSHIP Father

WIDOWER)

ADDRESS N/K. 67 Warrigal St. Warrigal N.S.W.

EDUC. QUALIFICATION

INTENDED PLACE OF RESIDENCE

POSTAL ADDRESS 24/24 St. Katoomba N.S.W.

CONFIRMED BY W. H. H. H.

N.S.W. L of C Area Records Office

NSW L of C Area General Details De

Continuous full time war service (after deducting any non effective service) 656 days
which included Active Service: In Australia 525 days. Outside Australia 131 days.

DISCHARGED
A.A.F. No. 27.9.43
ASSIGNED TO LIEUT.

(C.26)

(27/26/6)

Officer in Charge,
New South Wales Echelon and Lords,
BROADWAY, SYDNEY.

N.S.W. EGH & REO

27 26 1356

NX135878 THOCRAFT R.A.

Receipt is acknowledged of A.A. Form A131
purporting to contain the Will of the abovenamed.

Yours faithfully,

A. Thocraft
.....

PA ✓
MAR 1945

file PA 19/2

.....

.....

.....
.....
.....
.....
.....



(50.00)