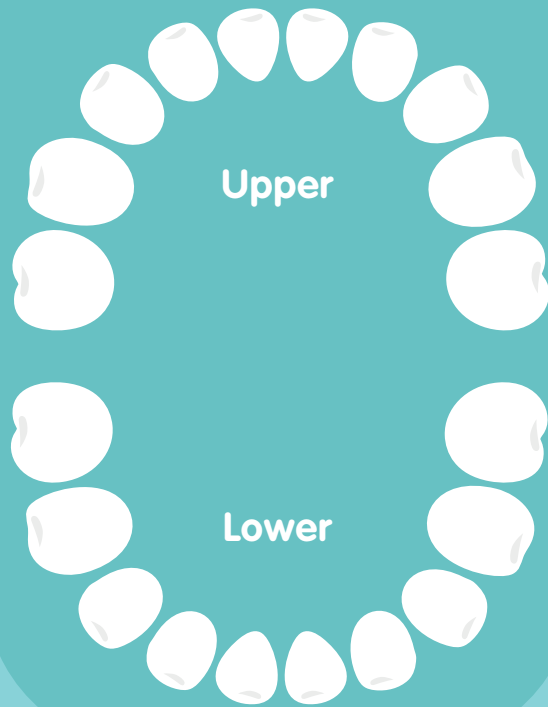


Tooth Fairy

Official Report



Tooth Collected



Name:

Date:

Age:

When and where I lost my tooth:

Your tooth was:



Signed:

The Tooth Fairy