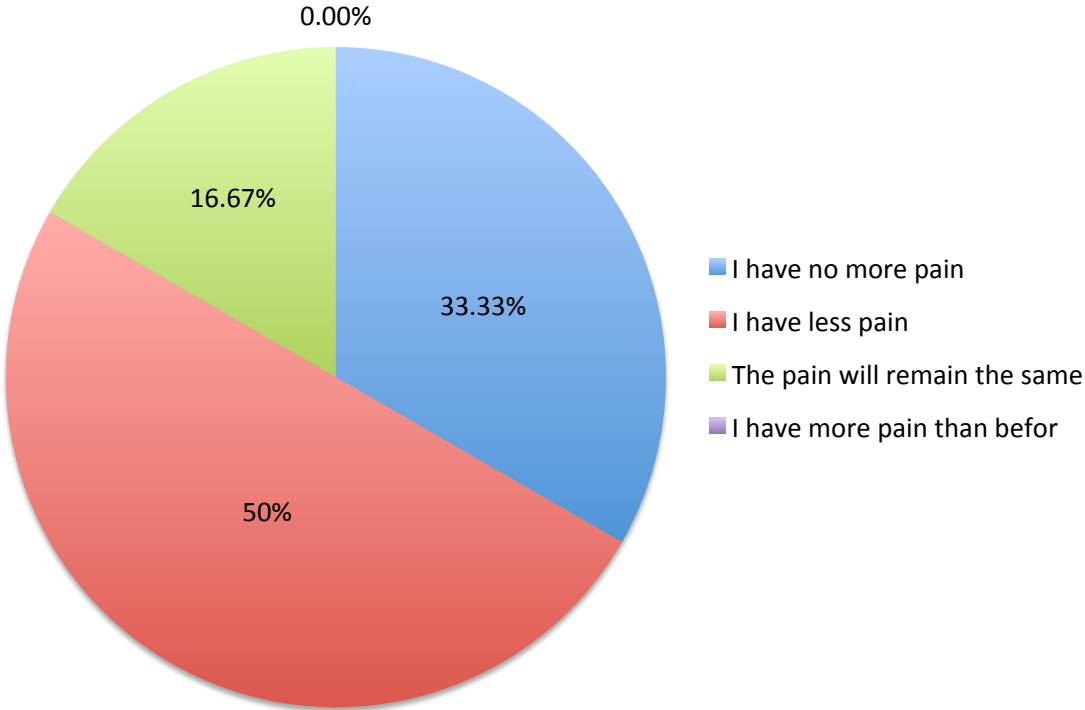
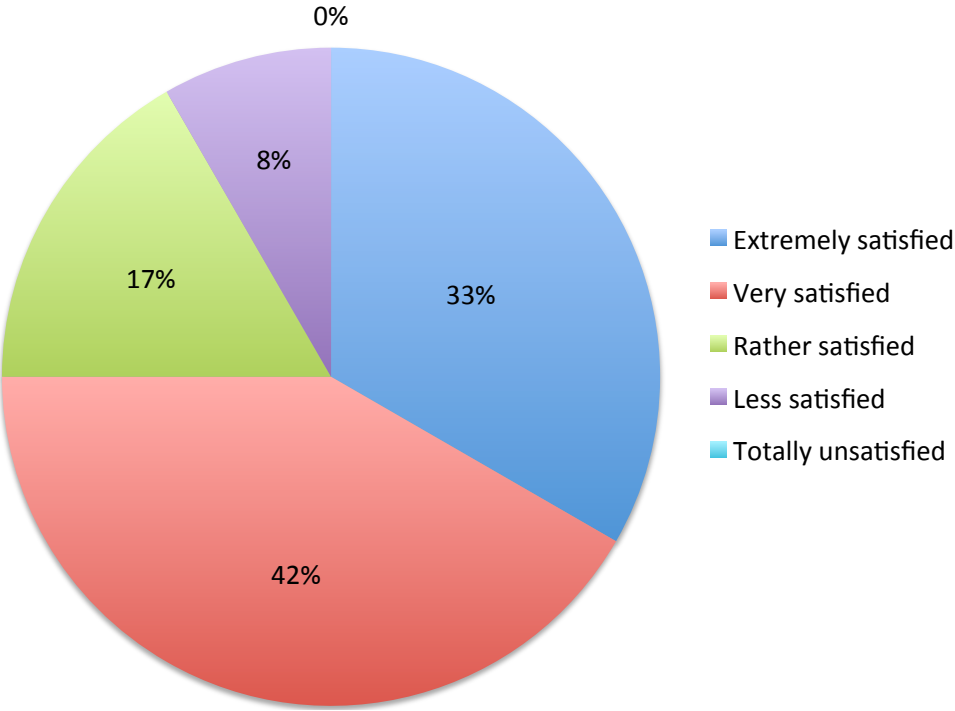


**How do you feel the pain, since you are taking ACTEN®?**



**How satisfied are you with the effect of the product?**



**How would you rate the quality of ACTEN®?**

