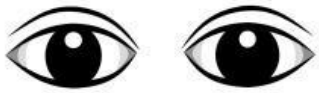
Nama: _____ Kelas: _____

ANGGOTA BADAN

PADANKAN ANGGOTA BADAN TERSEBUT

mata	hidung	telinga
mulut	tangan	



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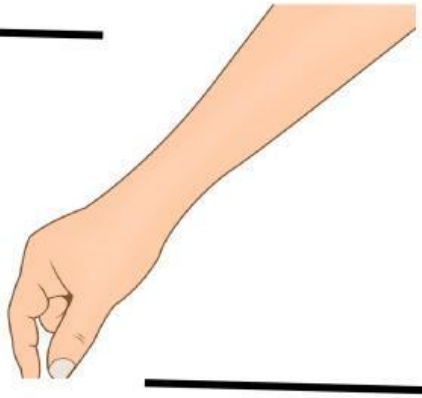

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