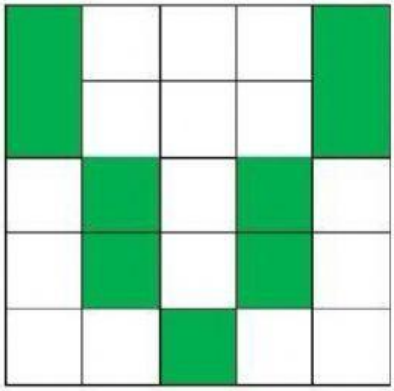
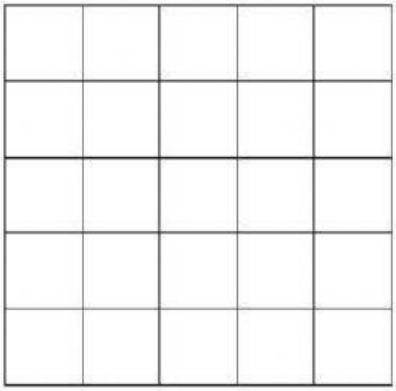
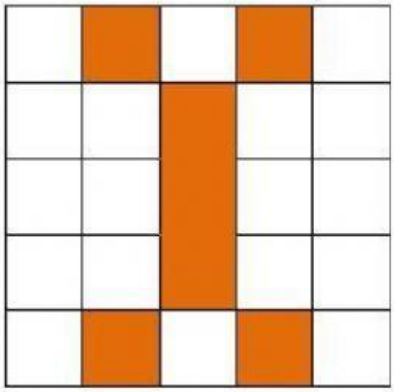
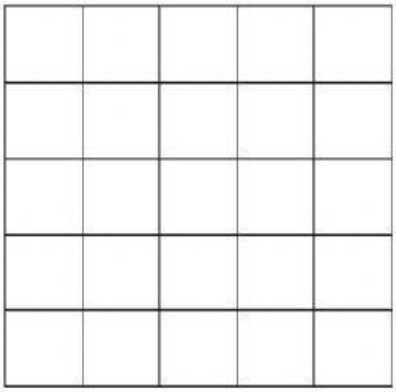
NOMBRE: FECHA:





Señala las casillas para copiar la imagen





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