

Nombre: \_\_\_\_\_  
Fecha: \_\_\_\_\_

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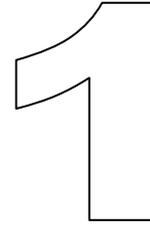
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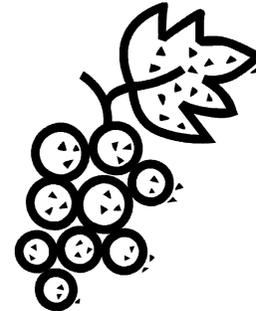
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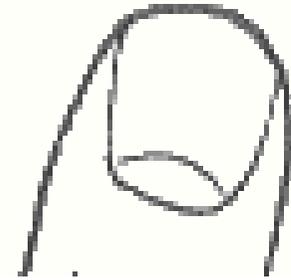
UVA



ÚLTIMO



UÑA



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