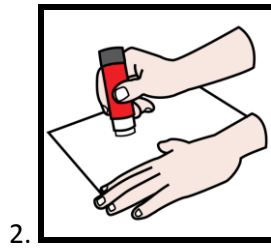


RECORTAR



PEGAR

CABEZA

CUELLO

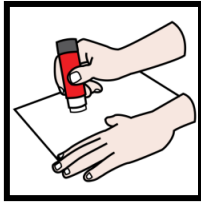
BRAZO

MANO

DEDO

PIERNA

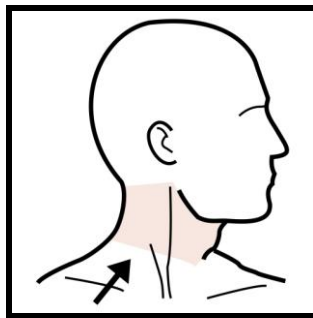
NOMBRE: _____



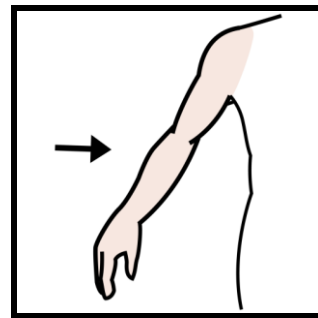
PEGAR



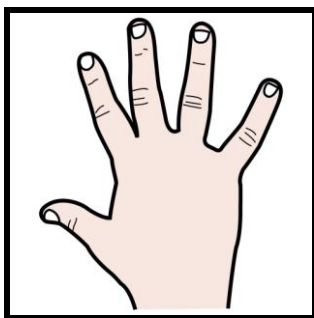
CABEZA



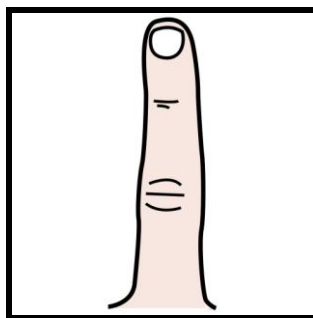
CUELLO



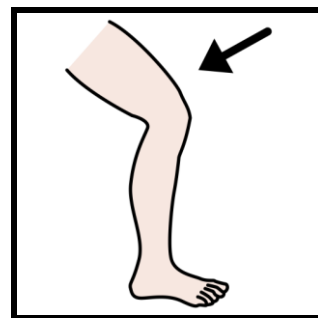
BRAZO



MANO



DEDO



PIERNA
