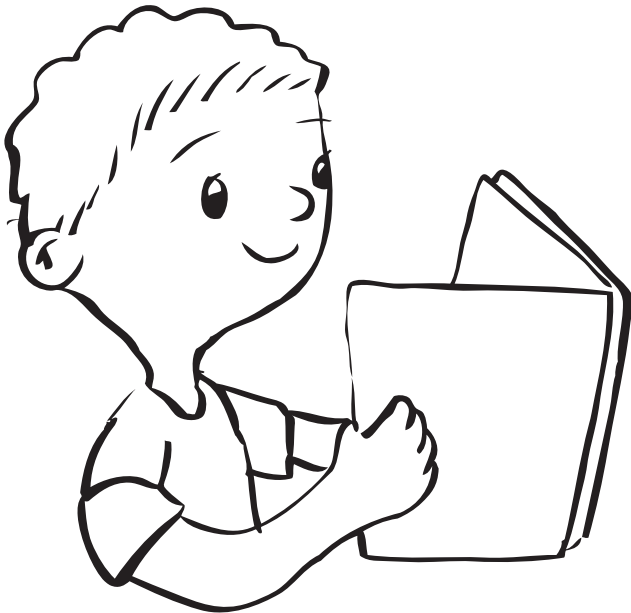


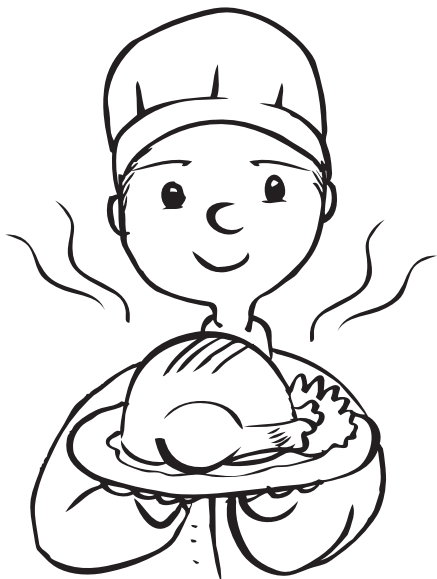
Nombre: _____



Con mis **ojos** yo veo.



Con mis **manos** yo toco.



Con mi **nariz** yo huelo.



Con mis **orejas** yo escucho.



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