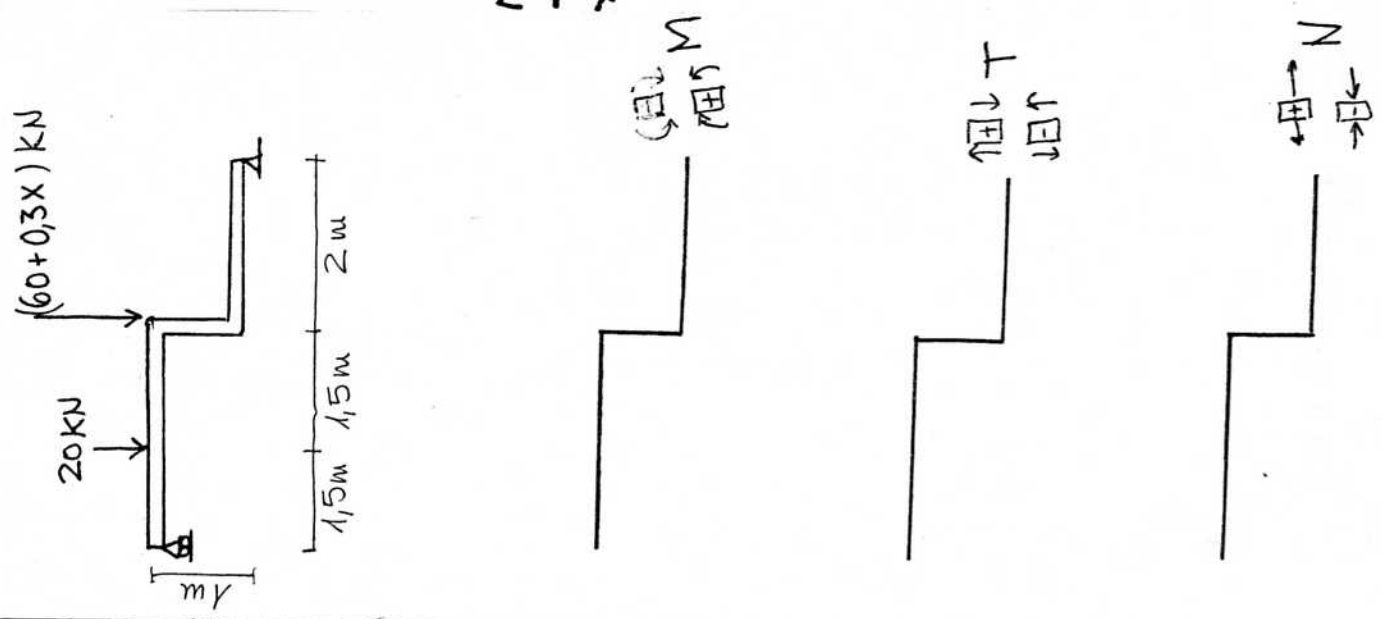
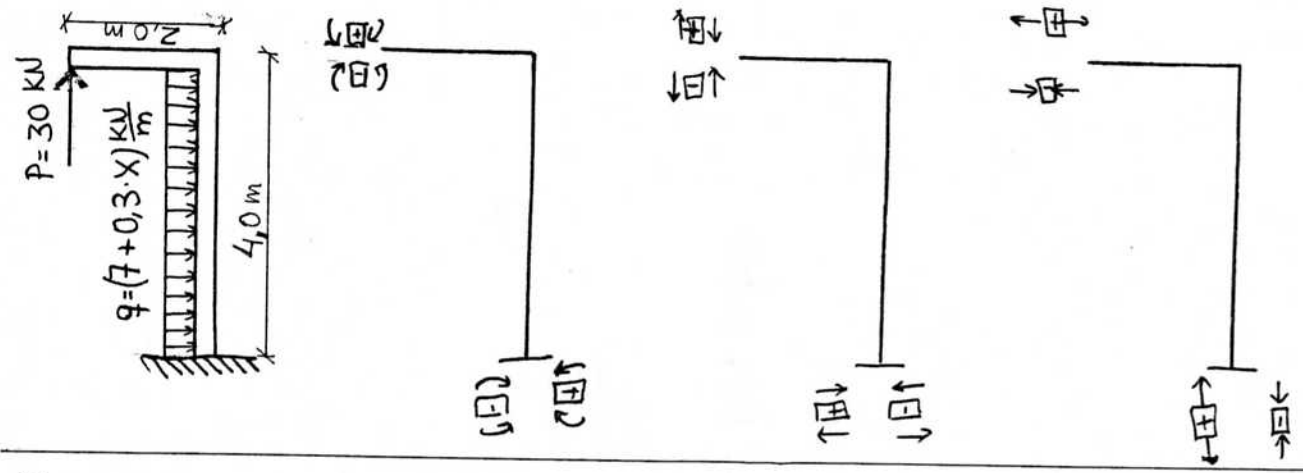


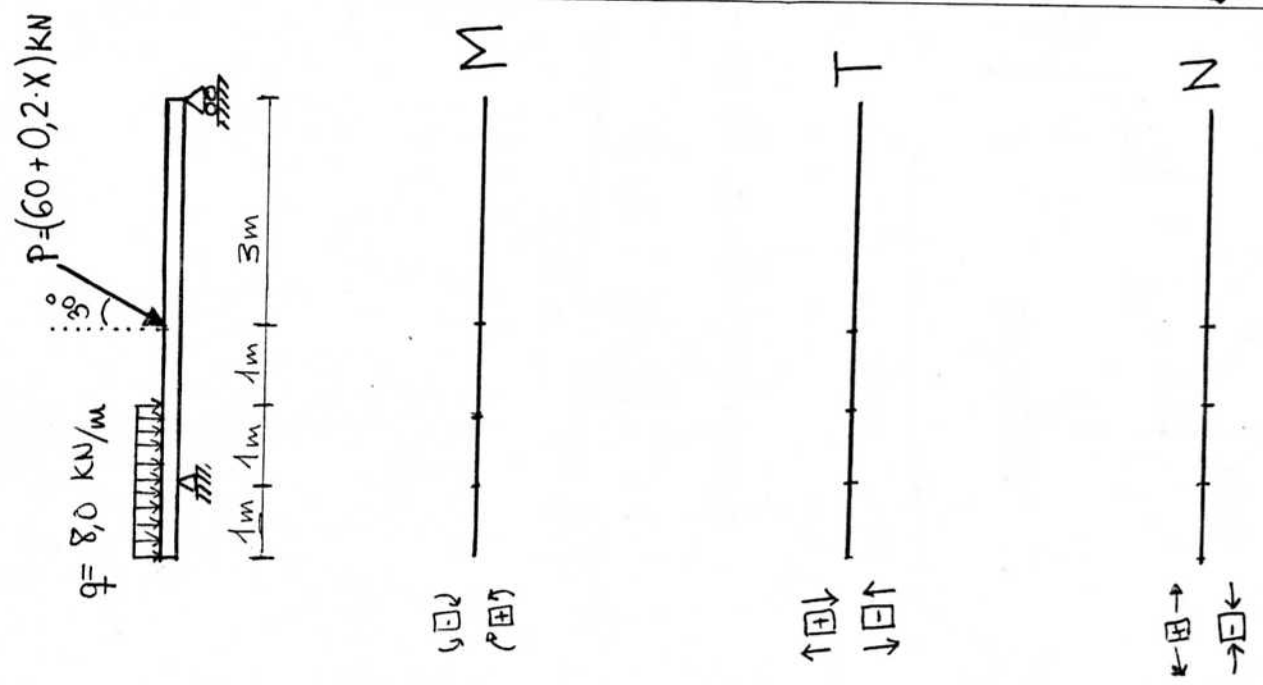
ALUMNO: APELLIDOS: _____		NOMBRE: _____	
GRUPO: A/B/C	Nº EXP: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FECHA: 20/10/06	TEST Nº: 6



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