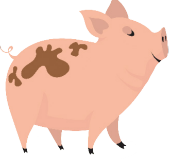








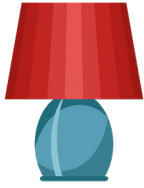








Nome: _____ Idade: _____

Espaço/ Instituição: _____ Data: ___/___/___

Palavra secreta

			
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Assinatura do Profissional