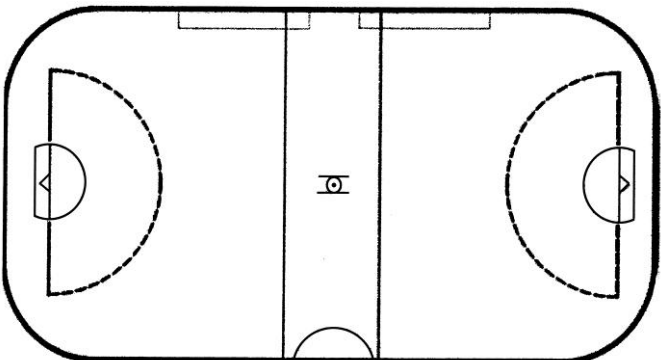
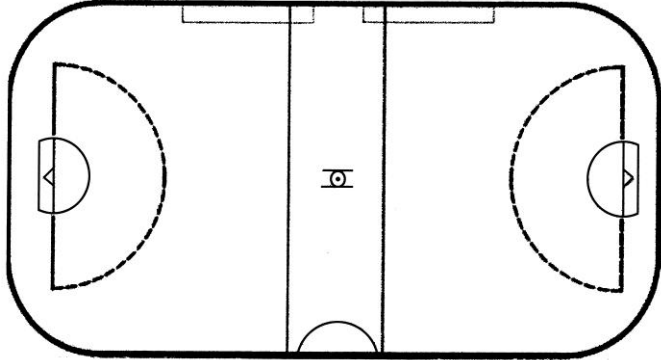
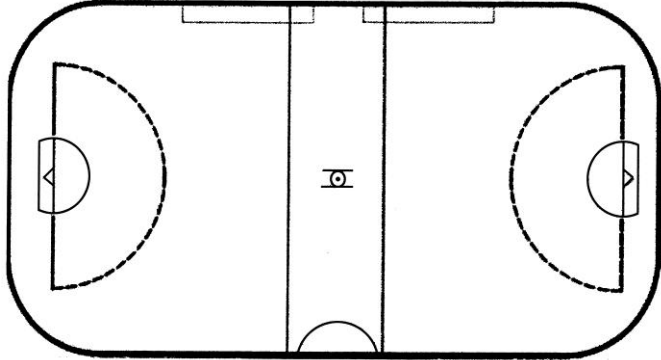




Plan de pratique			
Division:	Date:	Heure:	Practice #:
Nom:		Durée:	
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