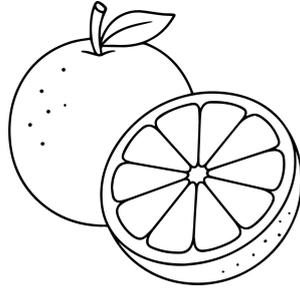


Name _____

Date _____

Letter O Tracing Practice



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