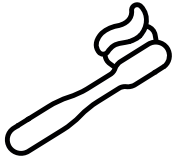


Nom: _____

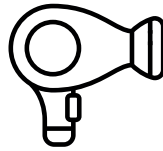
Date: _____

Salle de bain

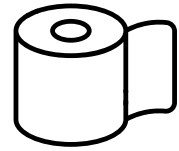
1 serviette - éponge - lavabo - dentifrice - shampooing - toilette - baignoire -
papier hygiénique - sèche cheveux - brosse à dent



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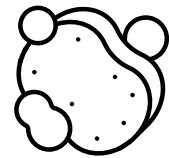
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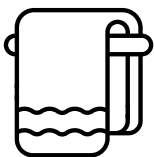
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