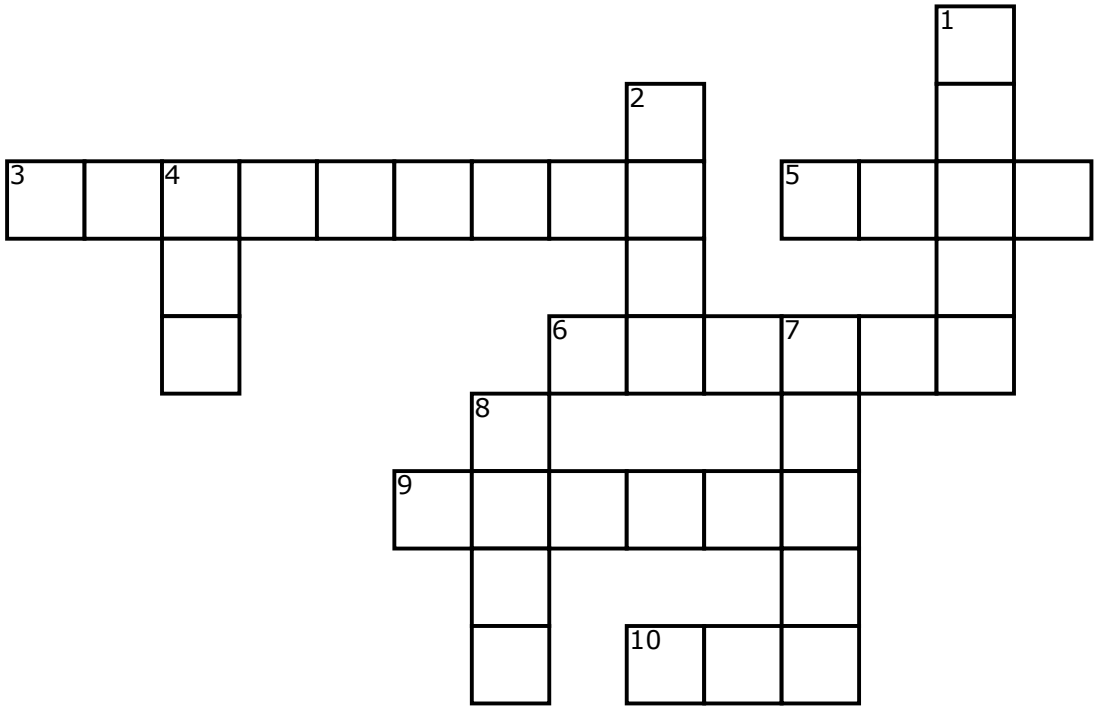
Name: _____ Date: _____

mi cuerpo



Across

3. e
5. B
6. H
9. c
10. O

Down

1. p
2. m
4. p
7. B
8. C