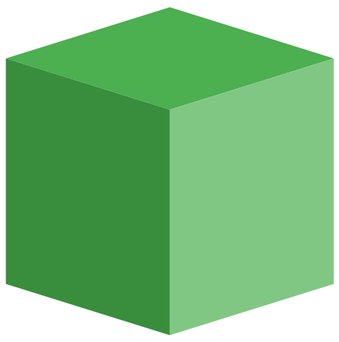
Name_____ Date _____

Long /u/

u_e



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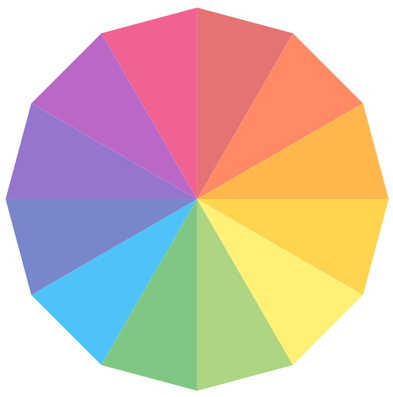

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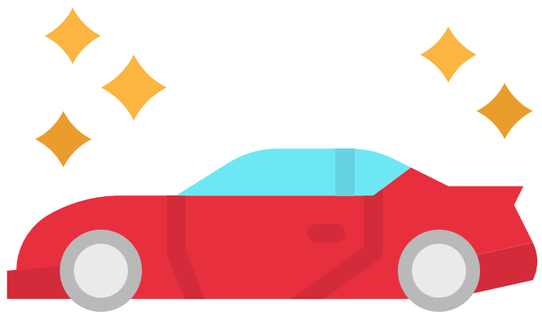

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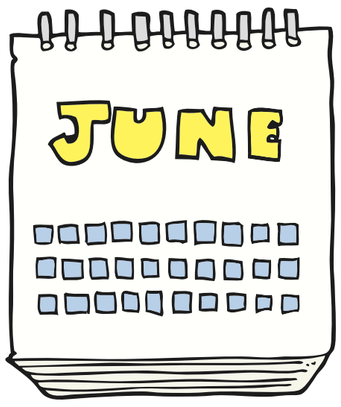

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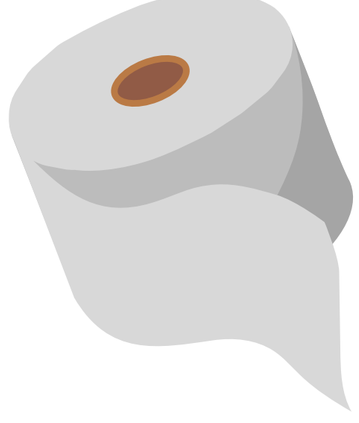

tissue

few