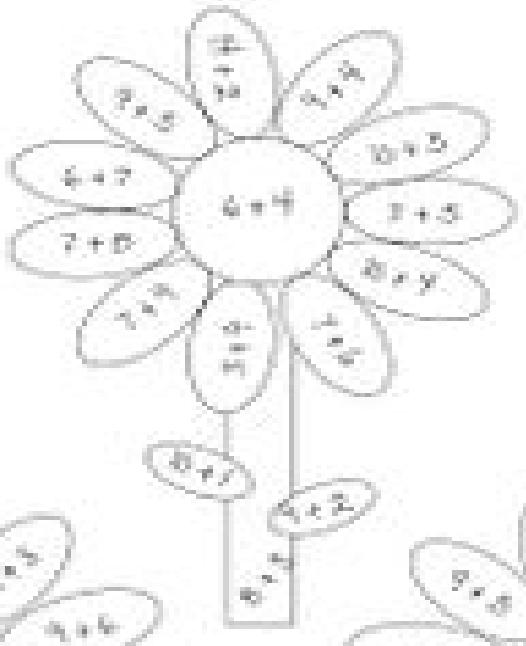
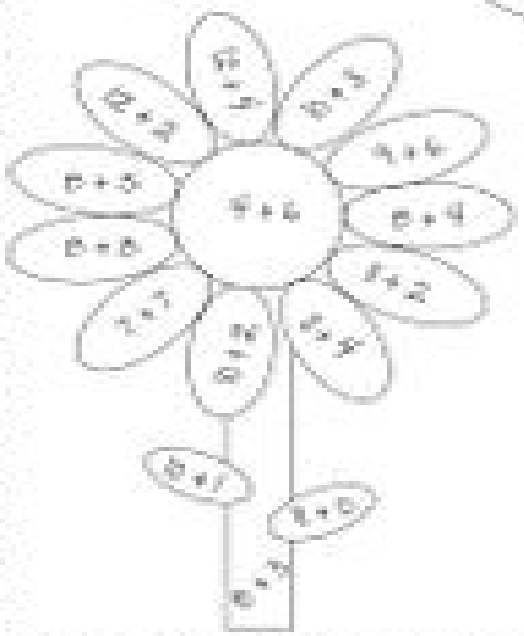
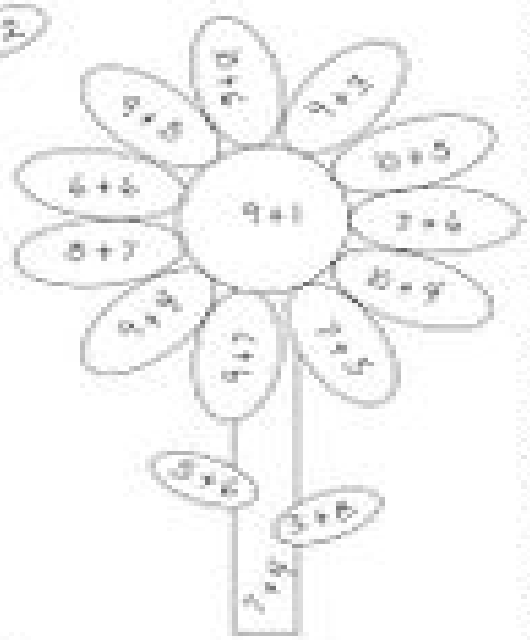
Name: _____ Date: _____

Yellow	10
Green	11
Blue	12
Red	13
Pink	14
Purple	15
Orange	16







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