

Prénom : _____

Date : _____

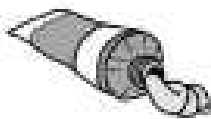
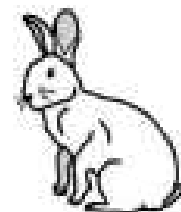
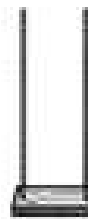
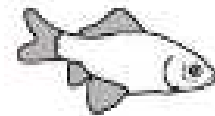
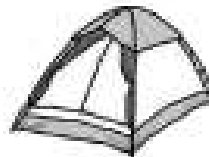
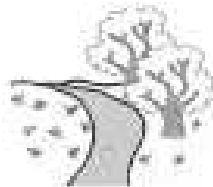
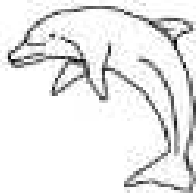
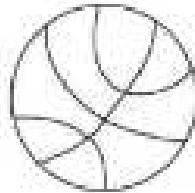


LECTURE

Etude de sons

[È]

Colorie lorsque tu entends le son [È].



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