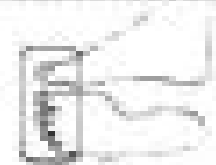
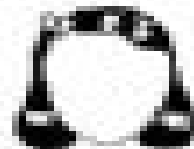


NAME _____

DATE _____



LEG

EAR

ARM

FINGERS

HEAD

EYE

HAND

KNEE

THUMB

NOSE

FOOT

HAIR

MOUTH

TOES