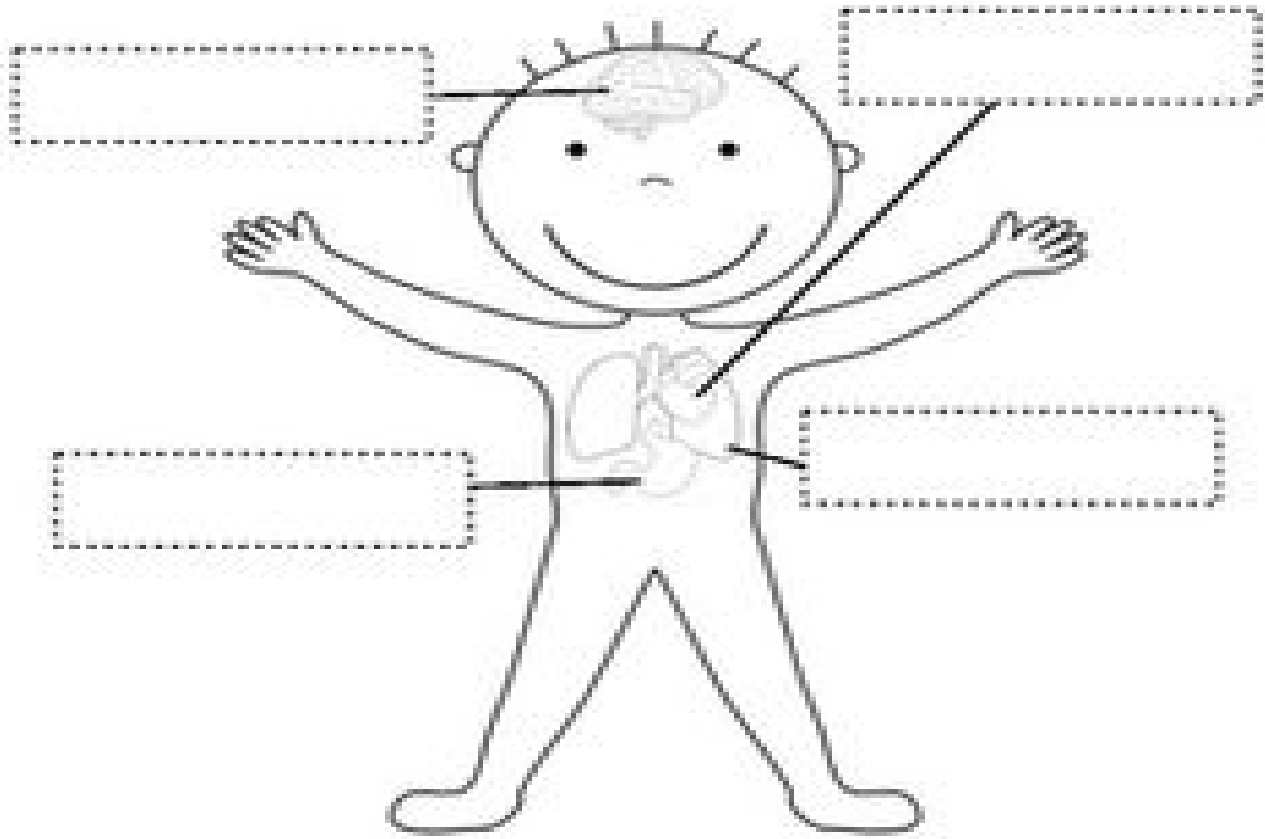


Name:

Date:

Label the Body



brain	lungs
heart	stomach