

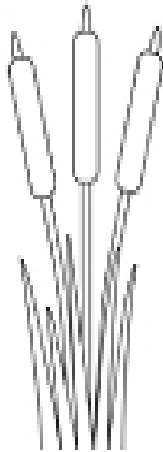
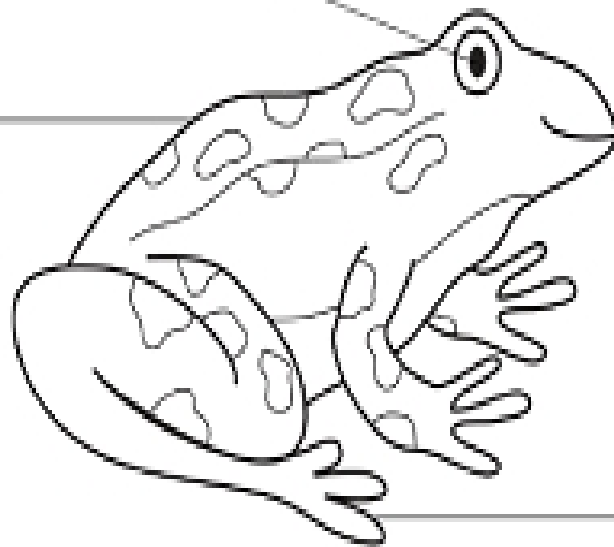
Name: \_\_\_\_\_

Date: \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

skin

eye

nostril

webbed foot