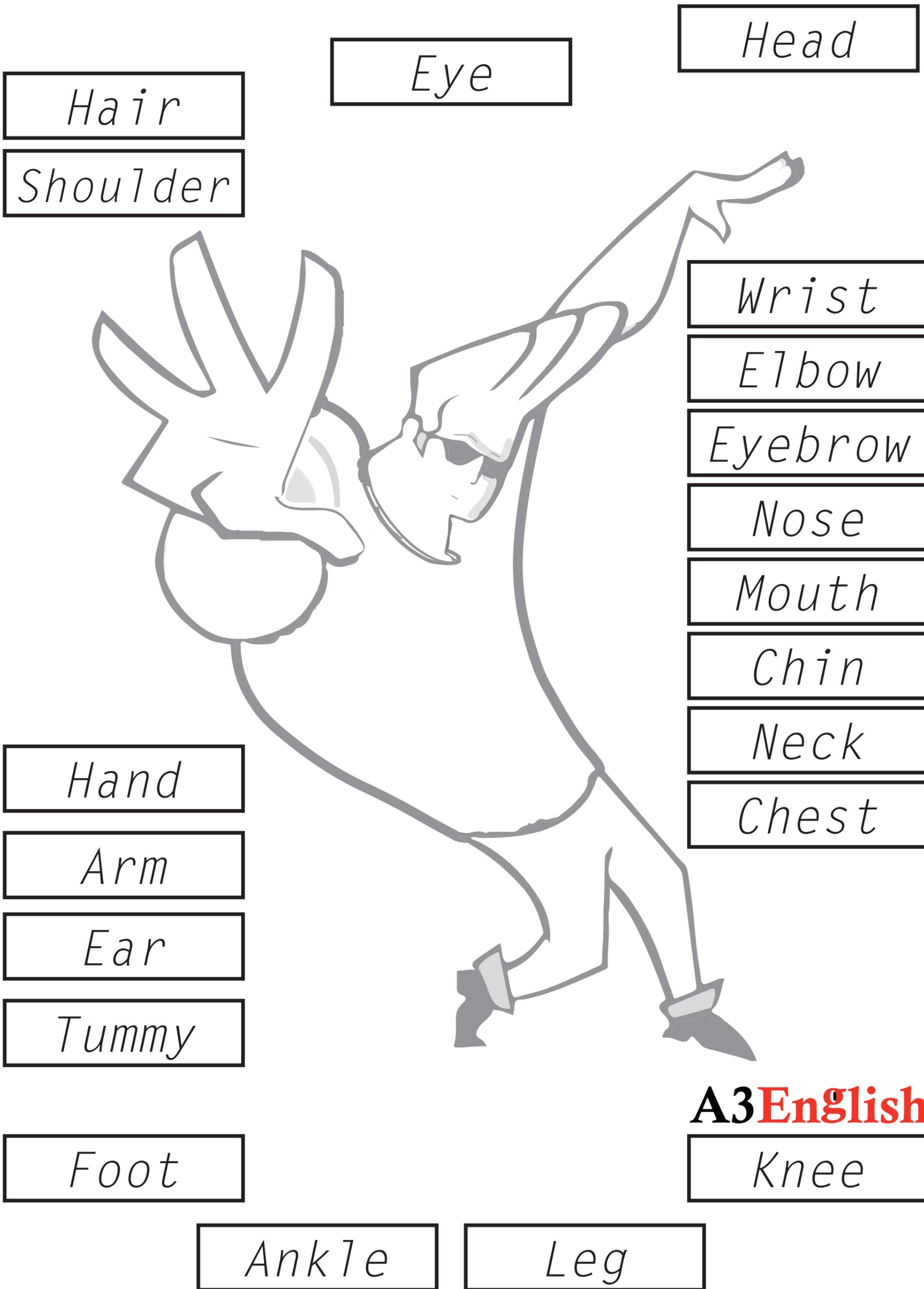


NAME: _____



Hair

Eye

Head

Shoulder

Wrist

Elbow

Eyebrow

Nose

Mouth

Chin

Neck

Chest

Hand

Arm

Ear

Tummy

A3 English

Foot

Knee

Ankle

Leg