

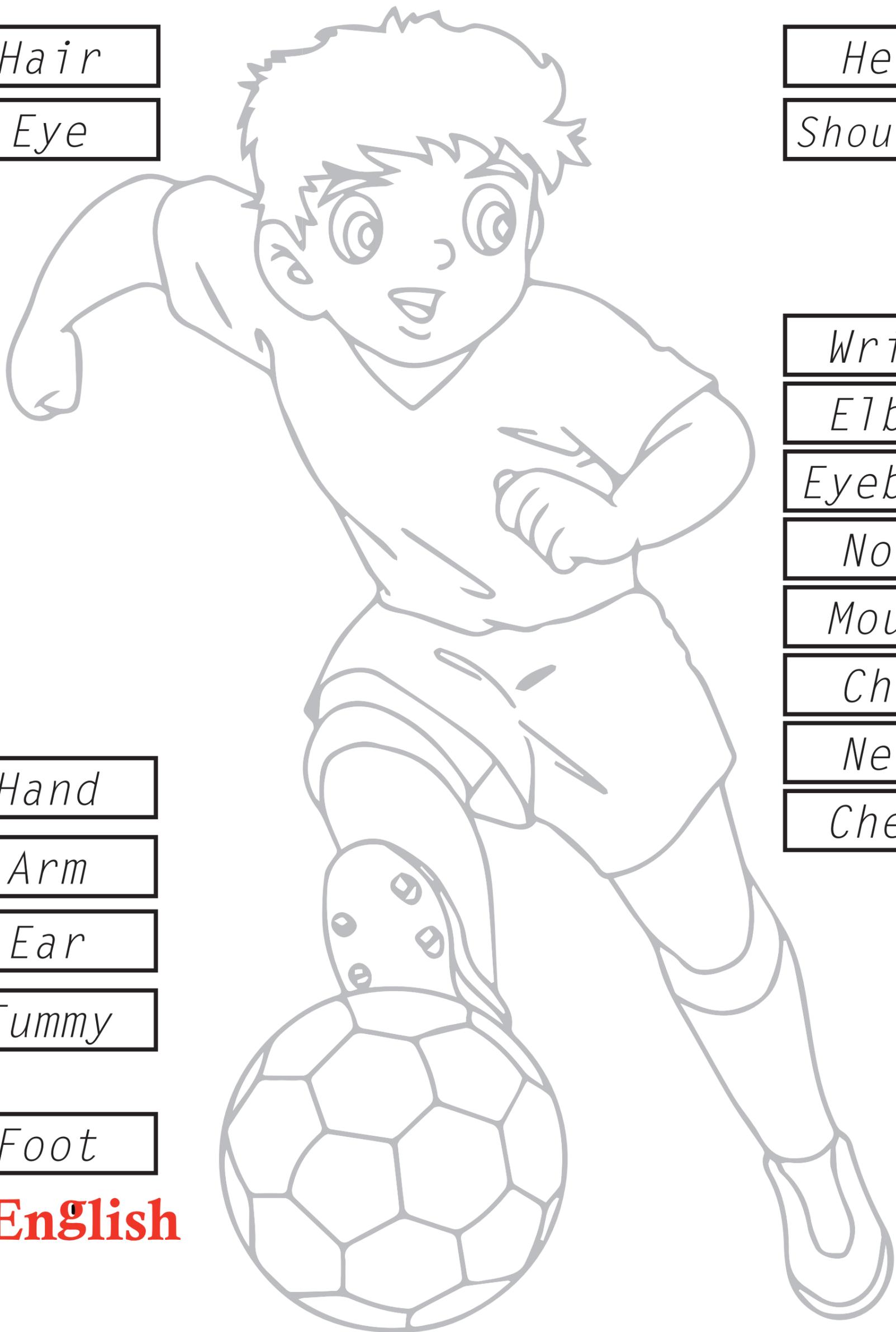
NAME: _____

Hair

Eye

Head

Shoulder



Wrist

Elbow

Eyebrow

Nose

Mouth

Chin

Neck

Chest

Hand

Arm

Ear

Tummy

Foot

Ankle

Leg

Knee