

NAME: _____

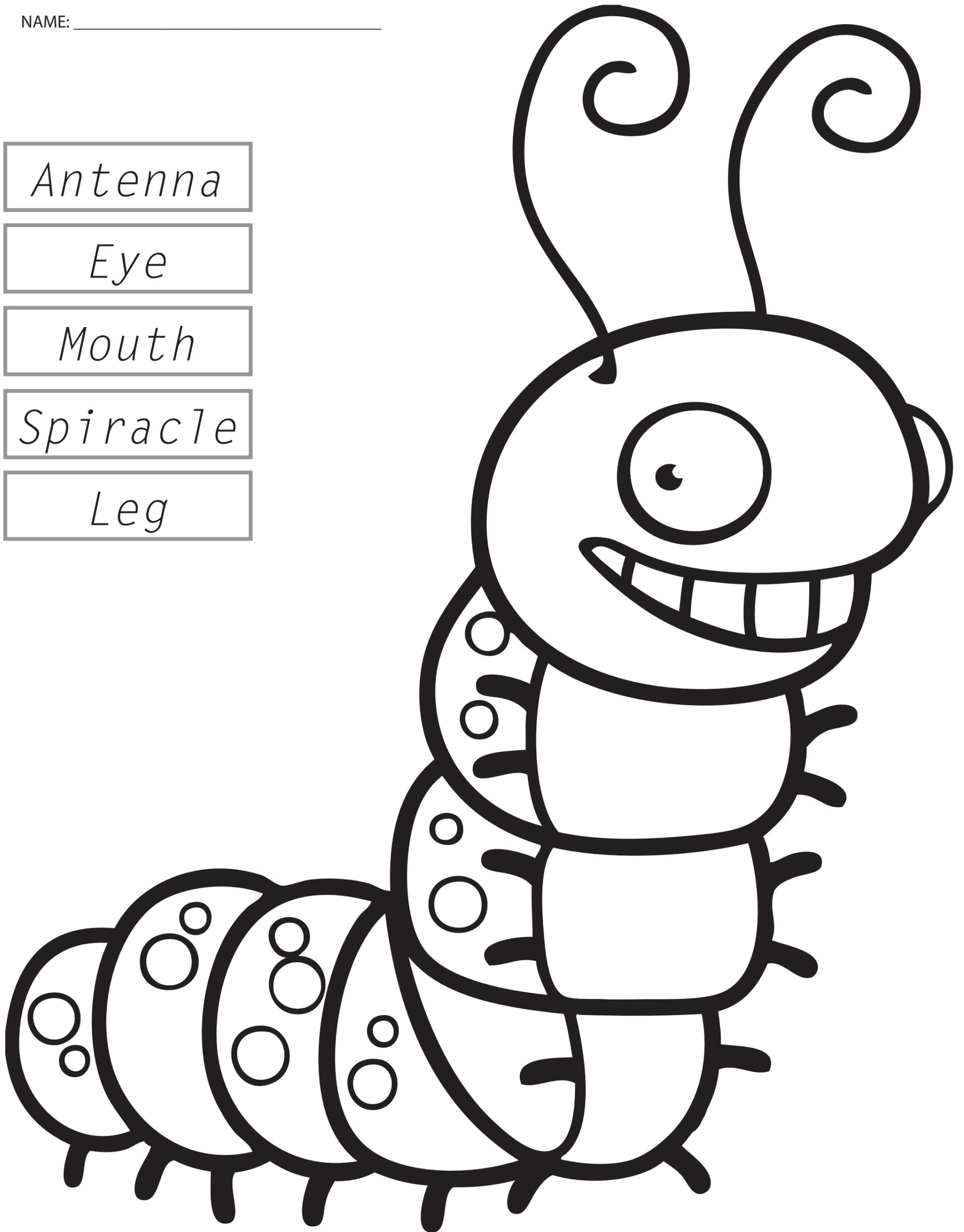
Antenna

Eye

Mouth

Spiracle

Leg



Abdomen

Thorax

Head