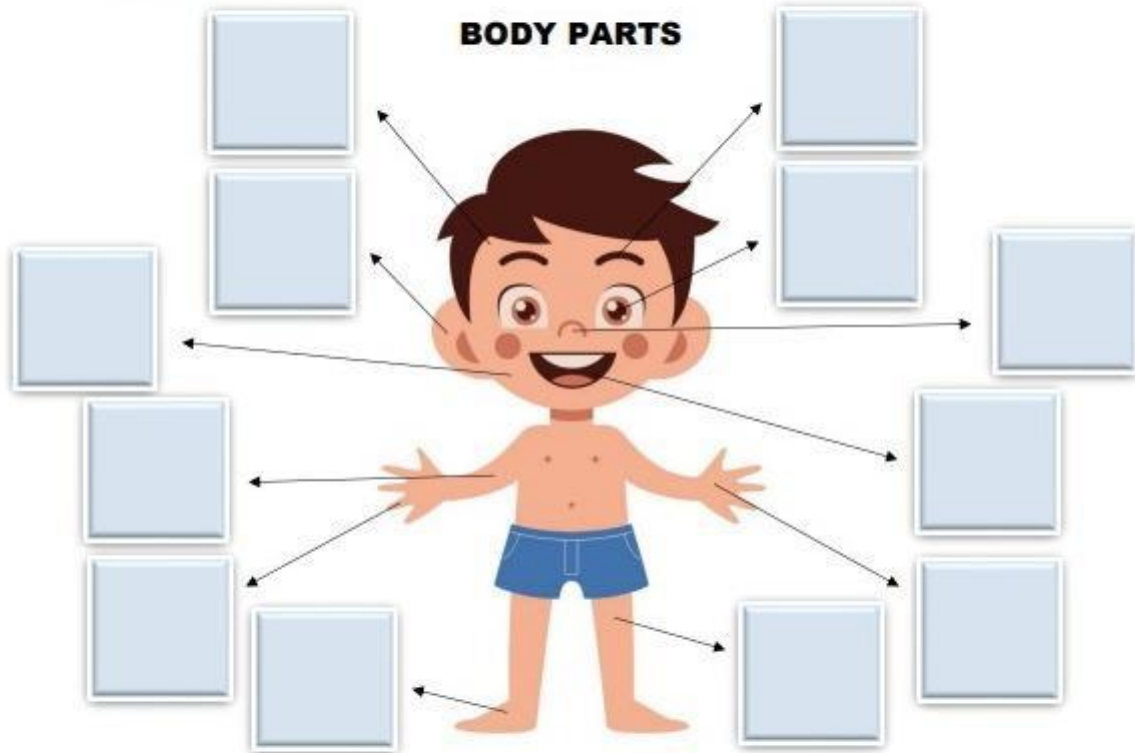


Name: _____

Level: first



FINGERS	MOUTH	ARM	NOSE	FOOT	HEAD
EYEBROW	FACE	EAR	HAND	LEG	EYE