







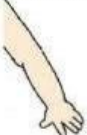





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	<input type="checkbox"/> HAND <input type="checkbox"/> EYE		<input type="checkbox"/> FINGER <input type="checkbox"/> TOE		<input type="checkbox"/> HEAD <input type="checkbox"/> HAND
	<input type="checkbox"/> ARM <input type="checkbox"/> LEG		<input type="checkbox"/> EAR <input type="checkbox"/> EYE		<input type="checkbox"/> FOOT <input type="checkbox"/> TOE
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