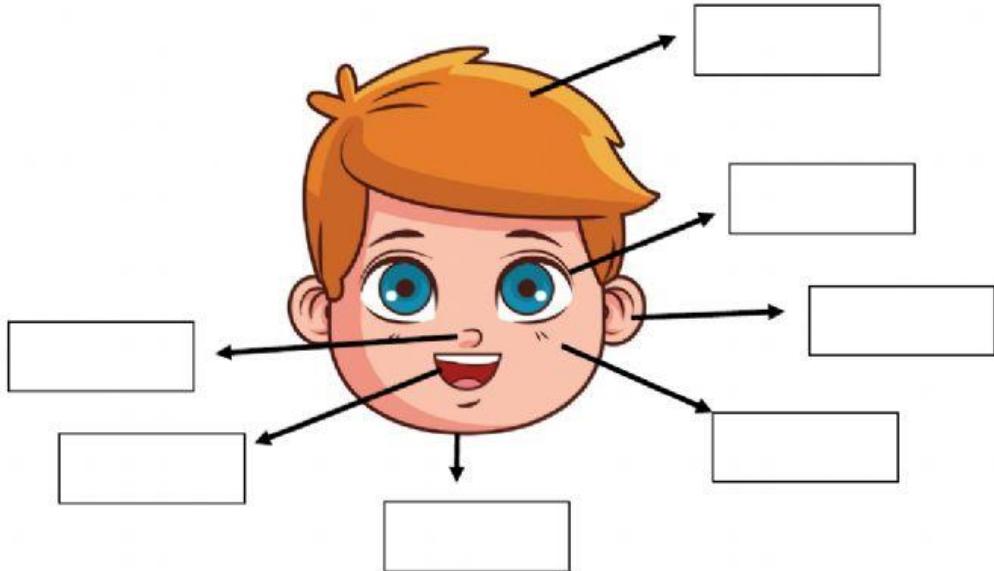


Name: _____



eye

mouth

chin

cheek

hair

nose

ear