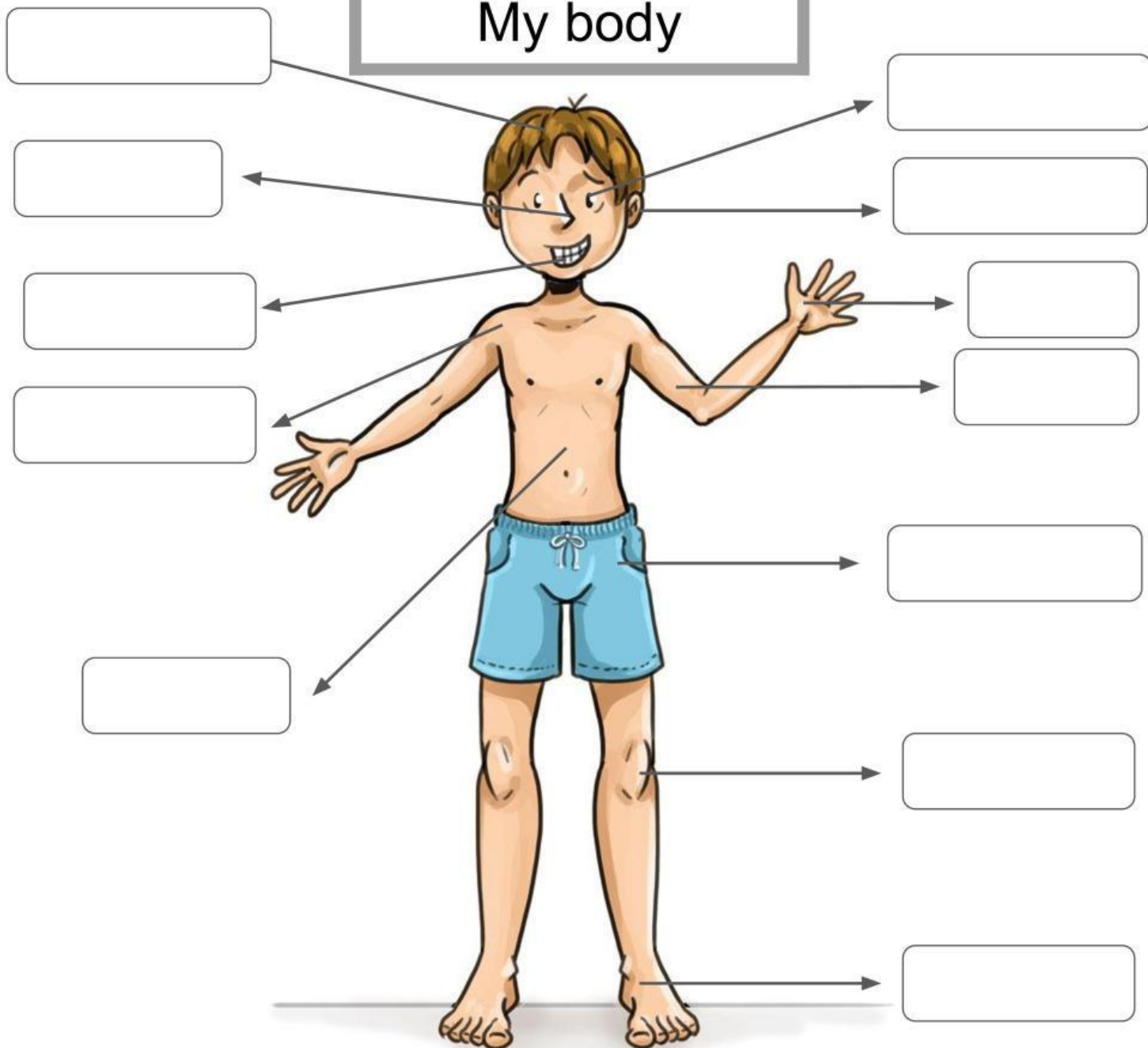


My body



|      |       |          |
|------|-------|----------|
| ear  | belly | nose     |
| eye  | hair  | shoulder |
| arm  | hip   | foot     |
| knee | hand  | mouth    |