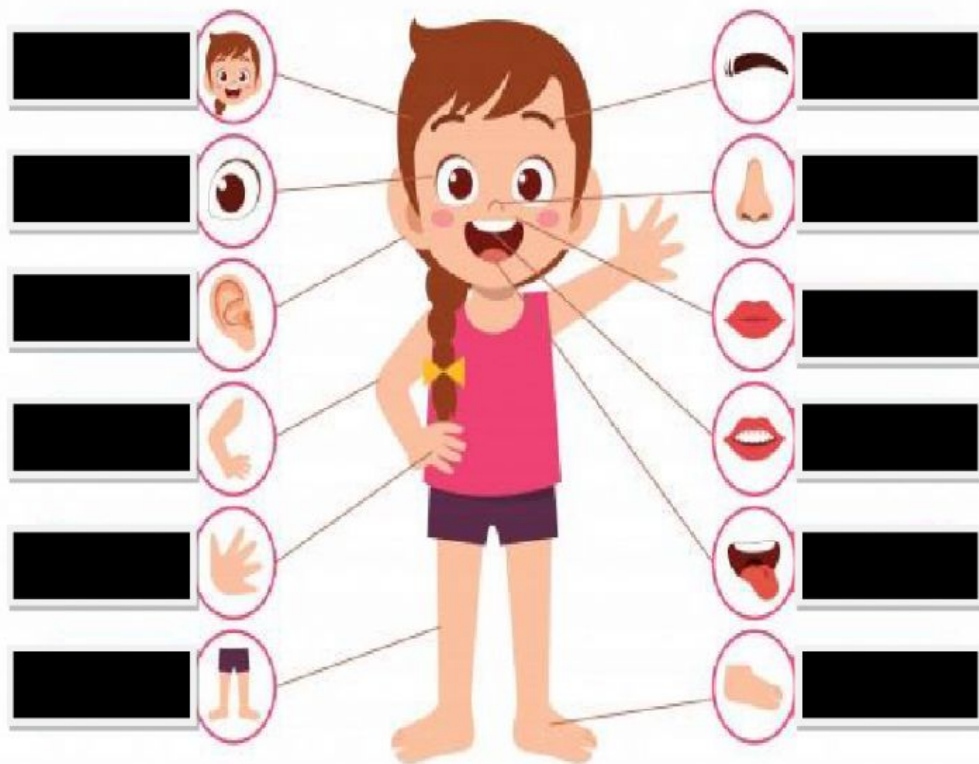


Nama :

Kelas :

Tanggal:

BODY PARTS



Eyebrow	Nose	Mouth	Hand
Tongue	Foot	Head	Arm
Leg	Eye	Lip	Ear