

Head _____

Mouth _____

Ear _____

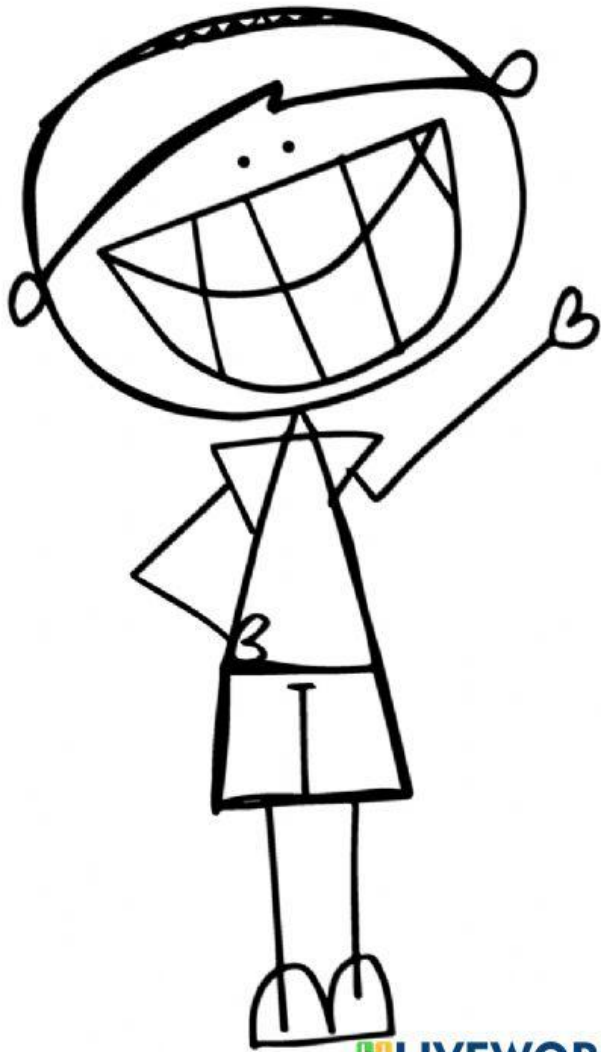
Arm _____

Hand _____

Finger _____

Leg _____

Foot _____



I
M
E
A
S
U
R
E