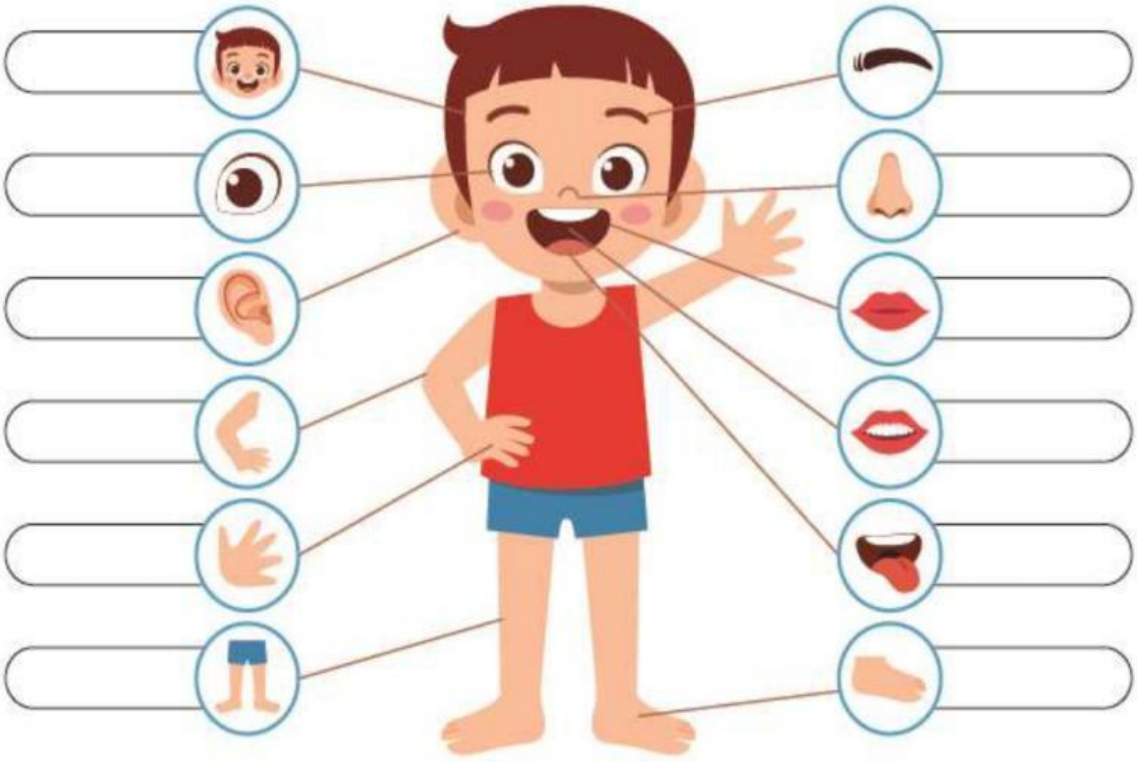
Name: _____

My body



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