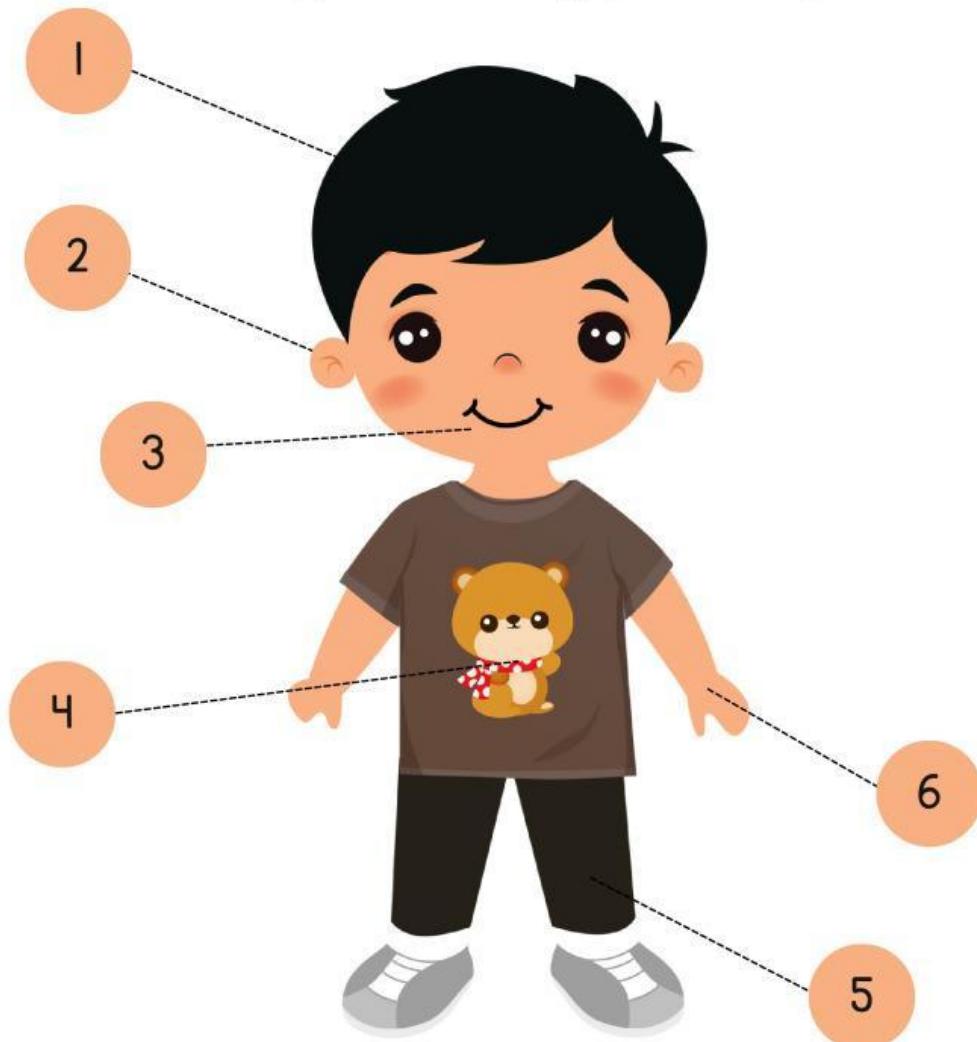


# Fill in the blanks!



|   |                    |   |   |         |
|---|--------------------|---|---|---------|
| 1 | I have ..... head  | ● | ● | one     |
| 2 | I have two .....   | ● | ● | ears    |
| 3 | I have ..... mouth | ● | ● | two     |
| 4 | I have one .....   | ● | ● | legs    |
| 5 | I have two .....   | ● | ● | one     |
| 6 | I have ..... hand  | ● | ● | stomach |