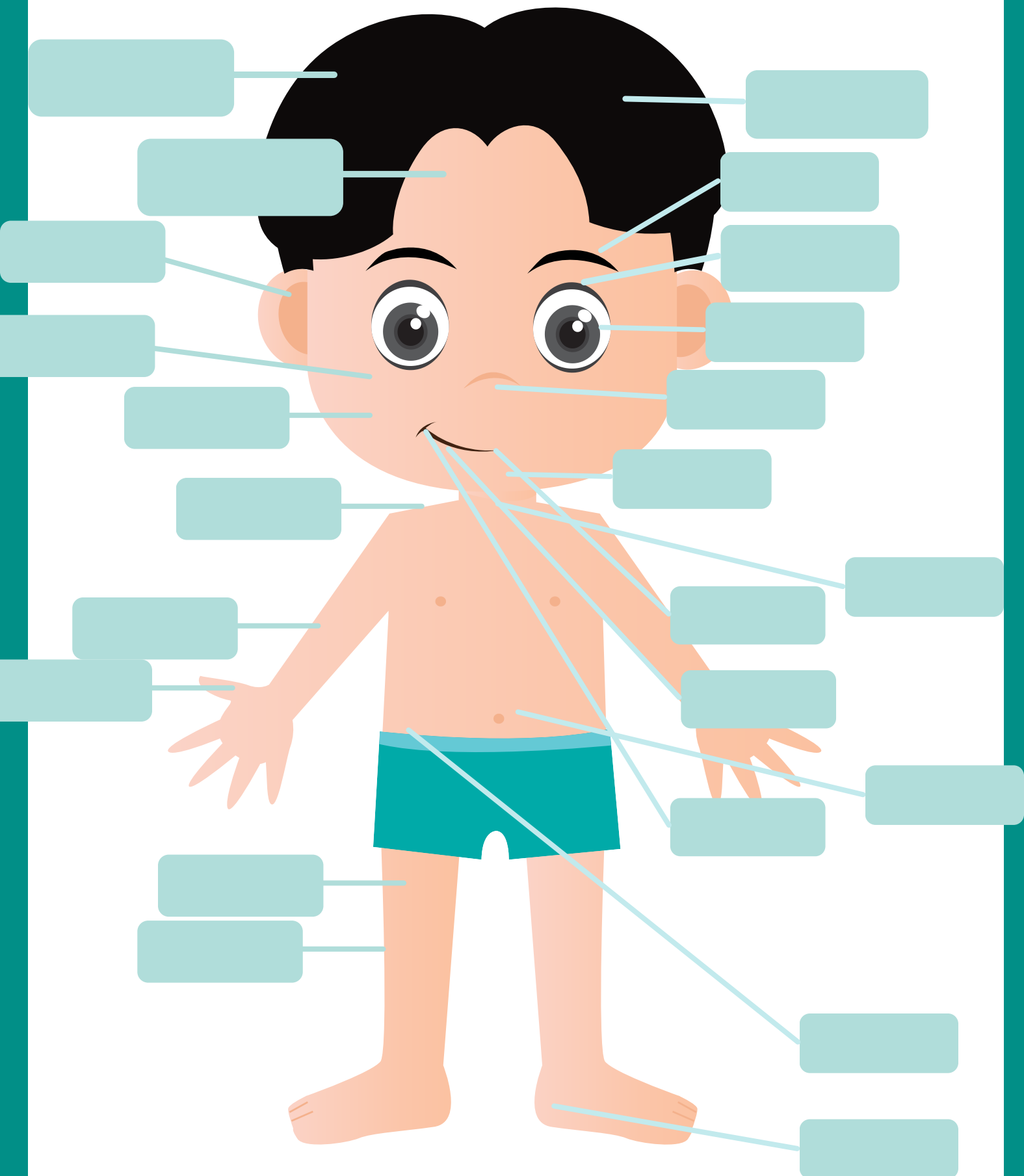


Name _____

Date _____

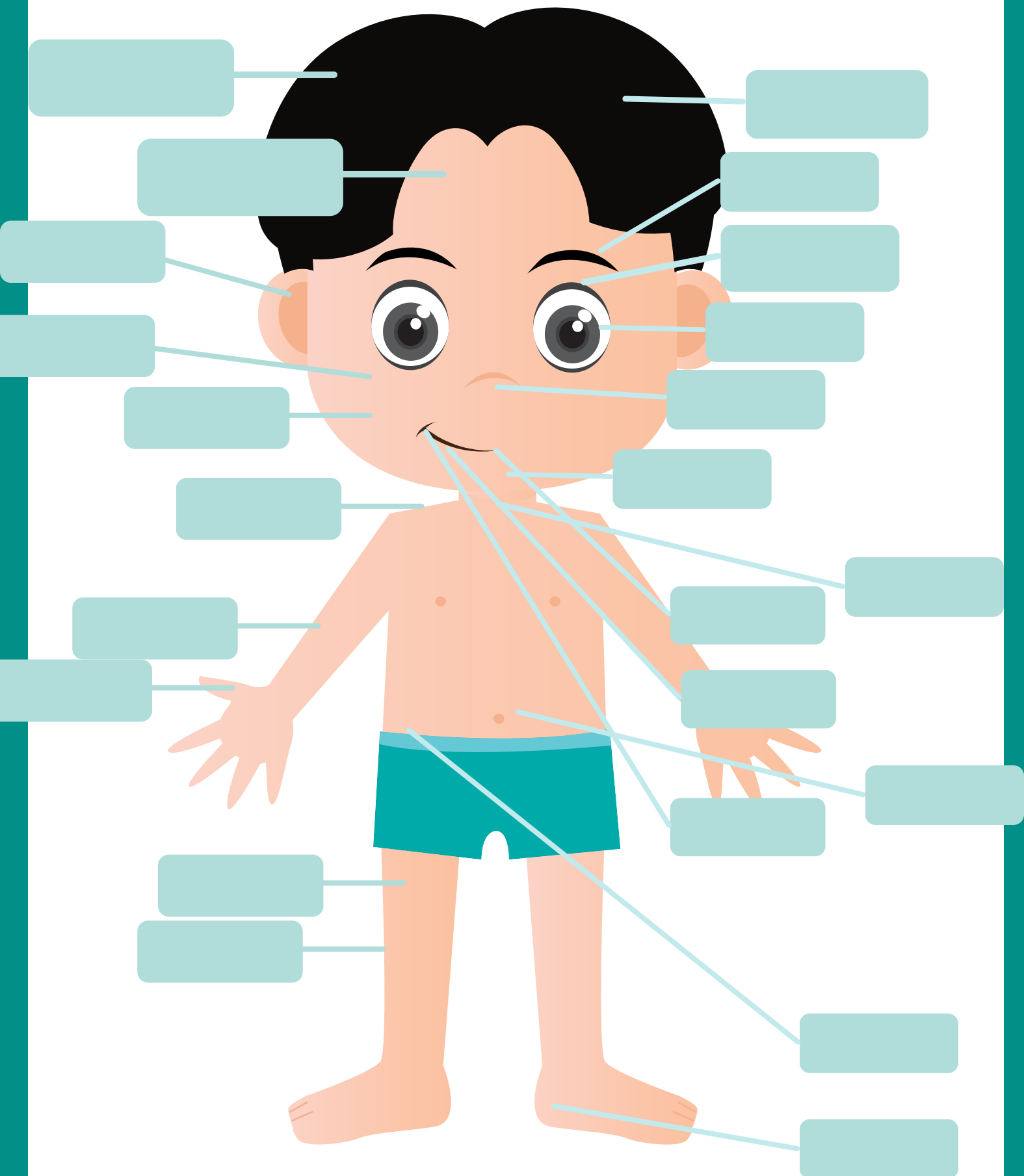
PARTS OF THE BODY



Name _____

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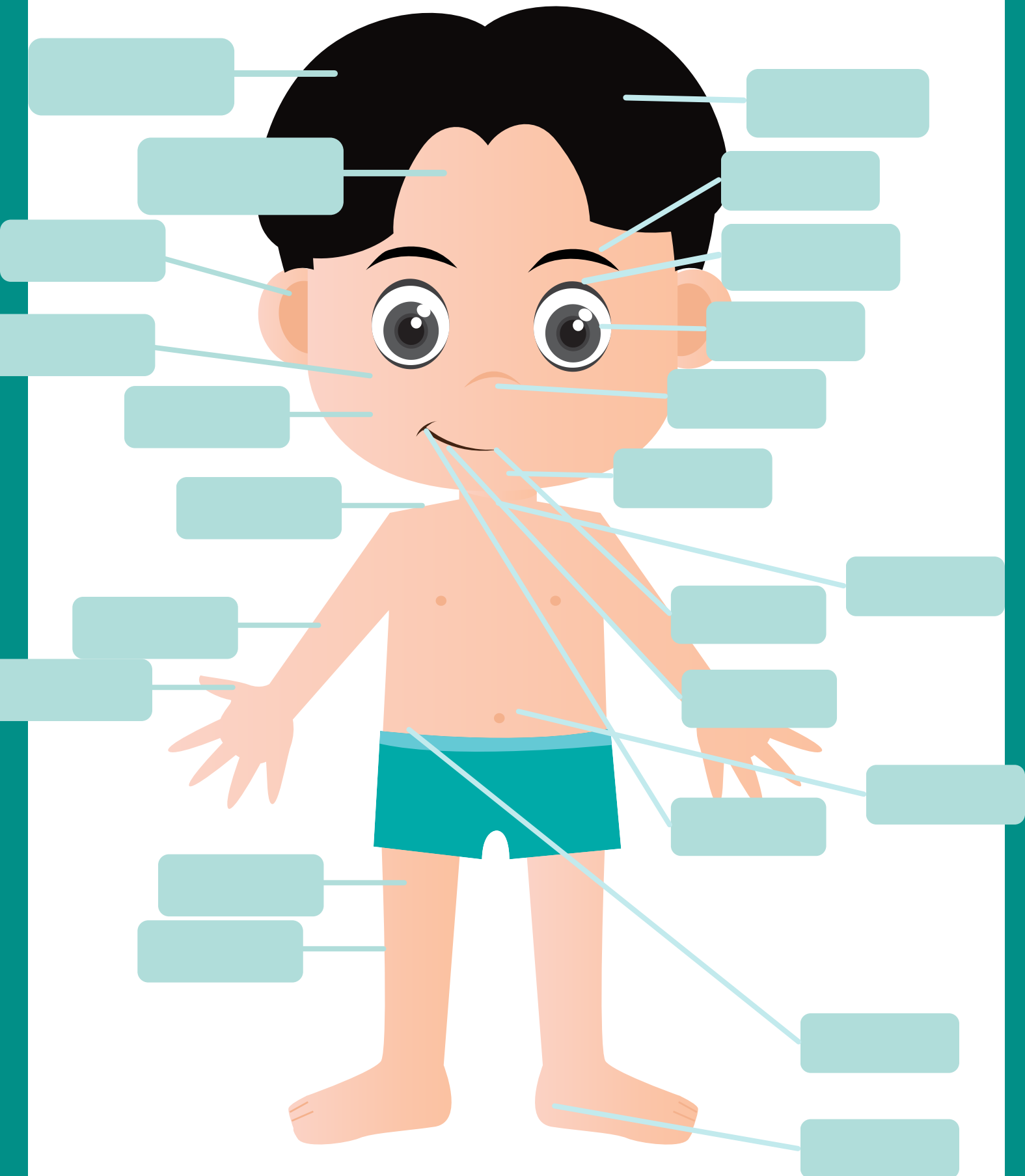
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