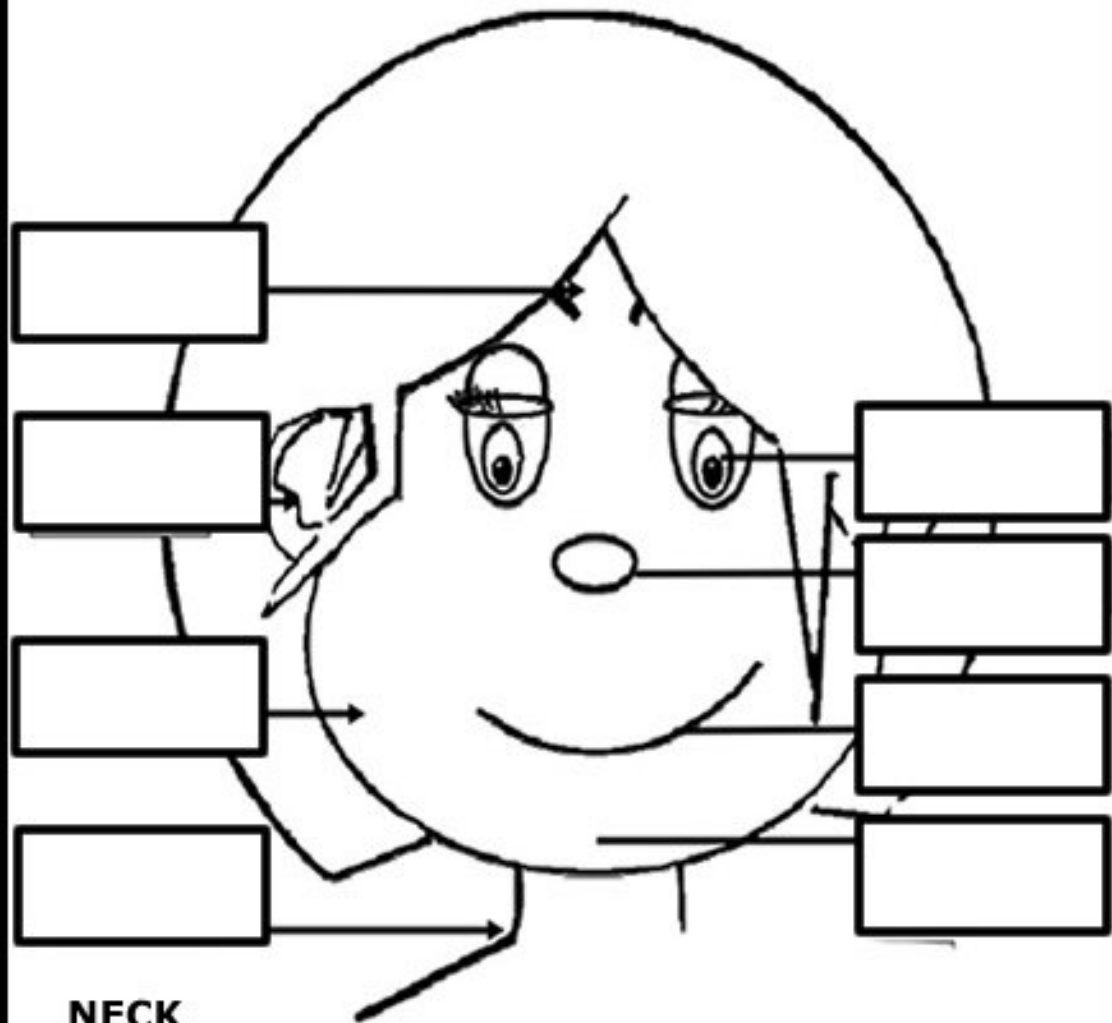


Name-----

# BODY



NECK  
NOSE  
FOREHEAD  
EYE  
EAR  
CHIN  
CHEEK  
MOUTH