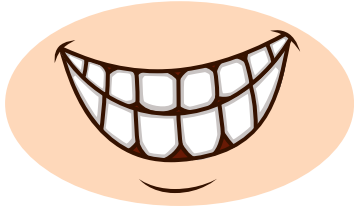


Name : _____

Date : _____

Name the body parts



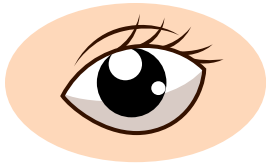
a. _____



b. _____



c. _____



d. _____



e. _____



f. _____



g. _____



h. _____



i. _____