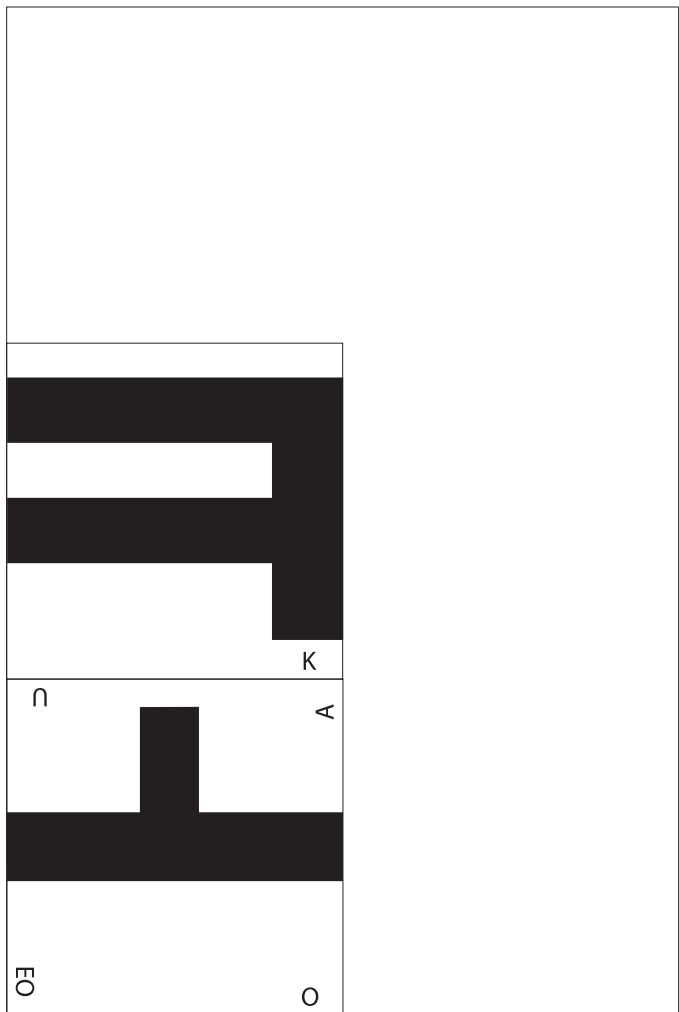
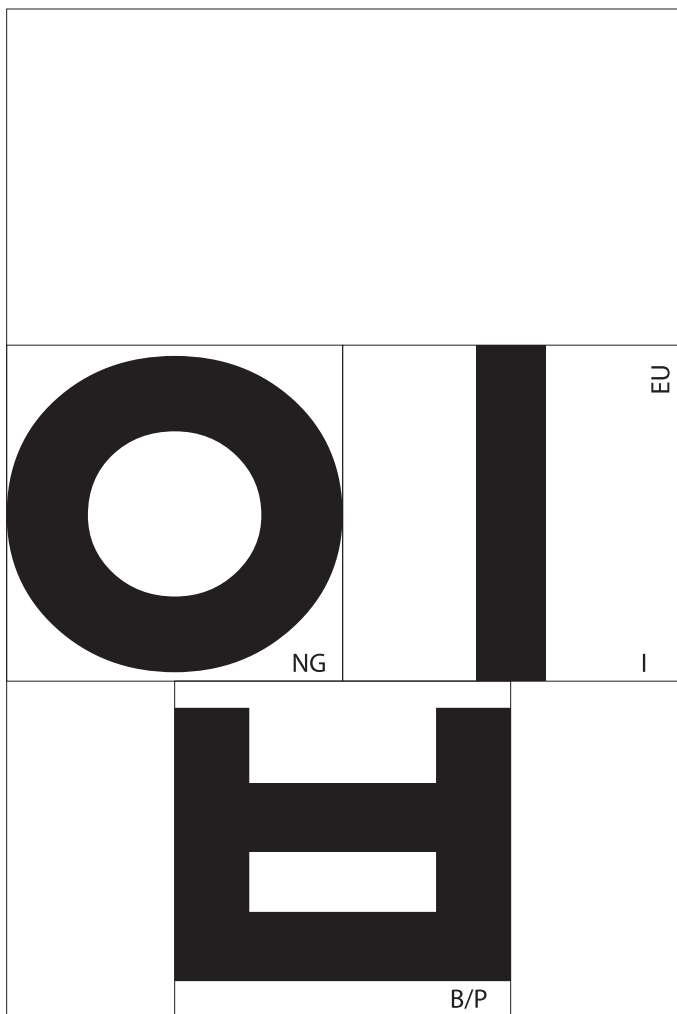


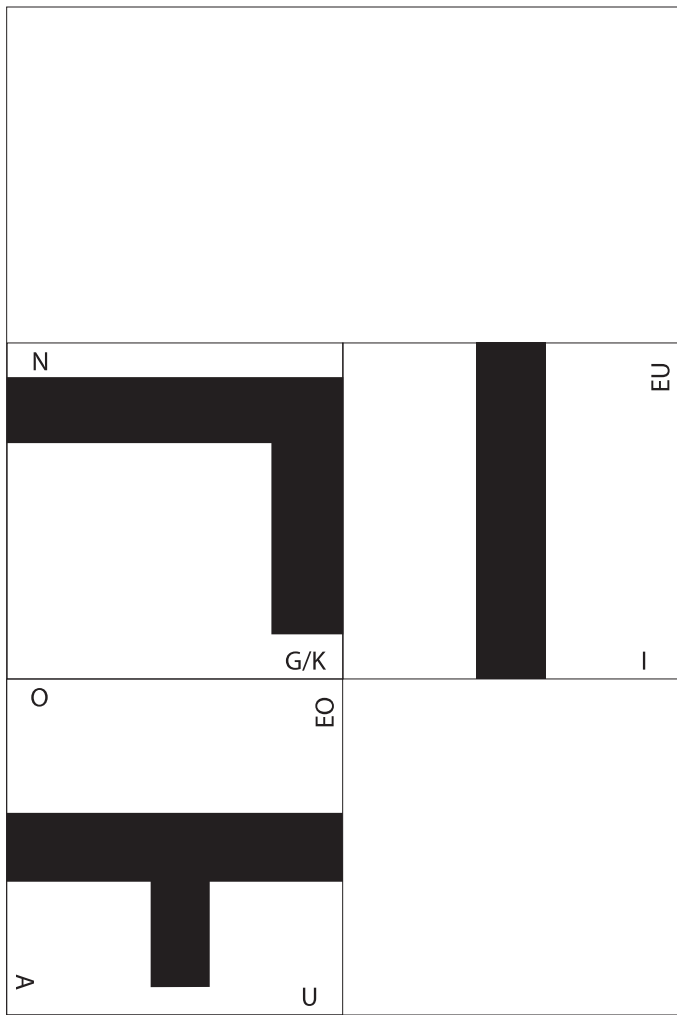
EYE



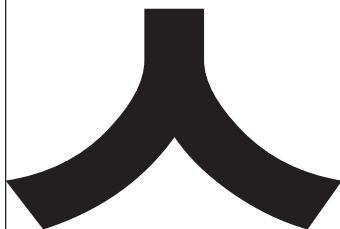
NOSE



MOUTH



EAR



S

U

A



EO

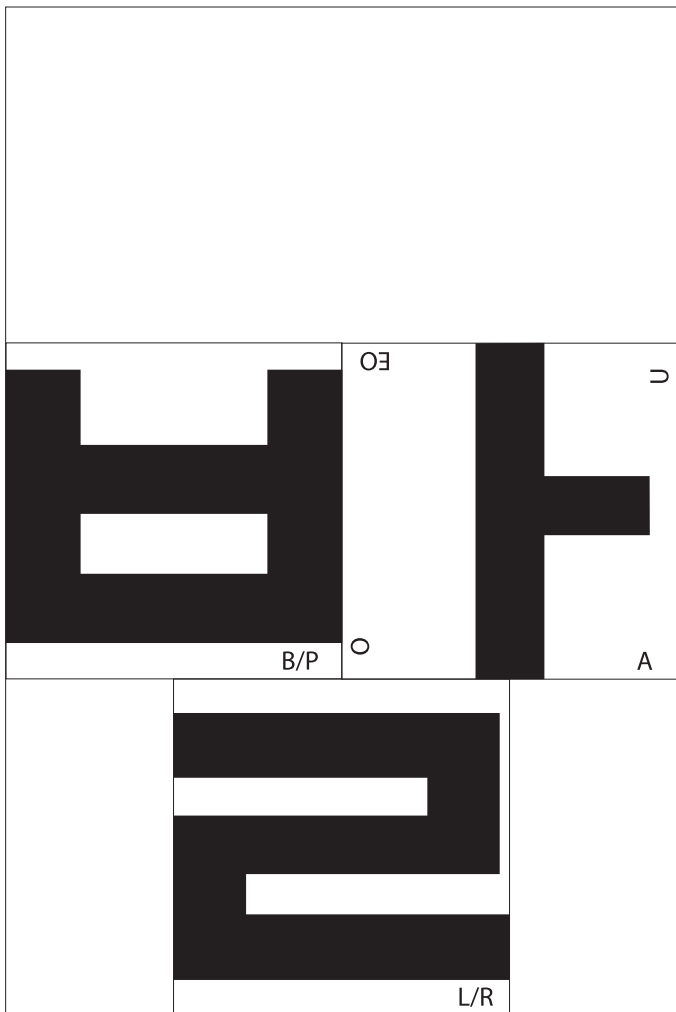
O

K/G

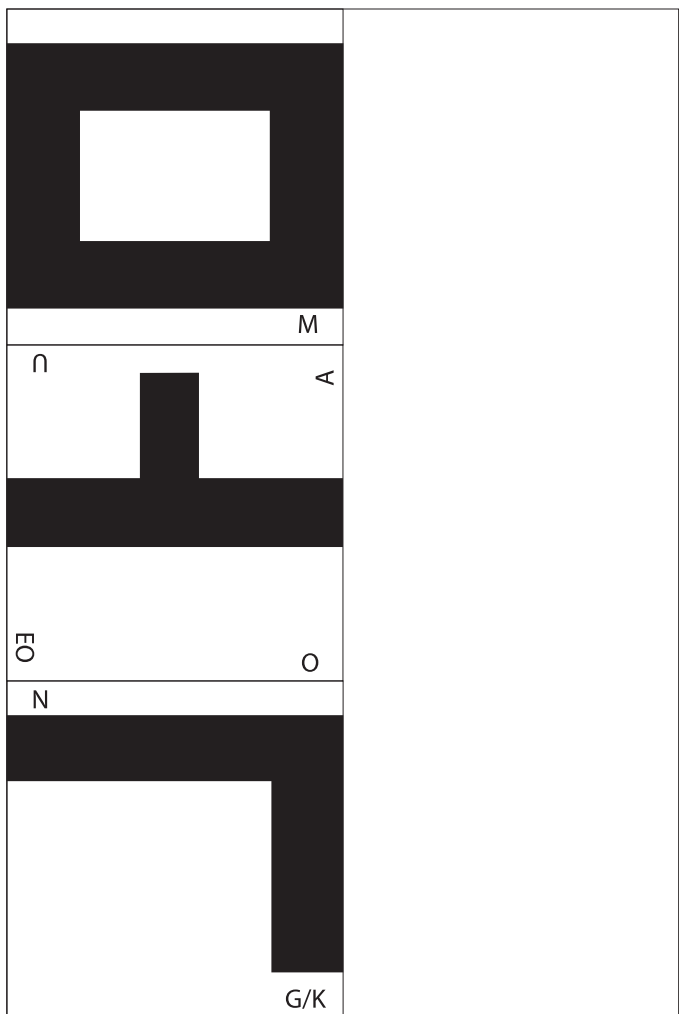


N

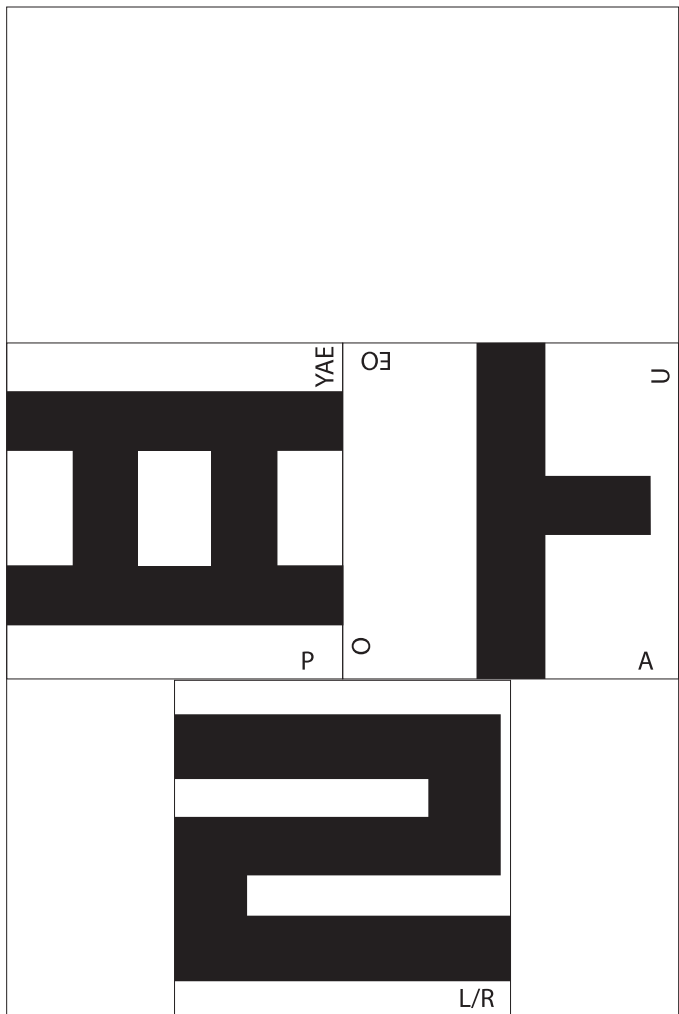
HAND



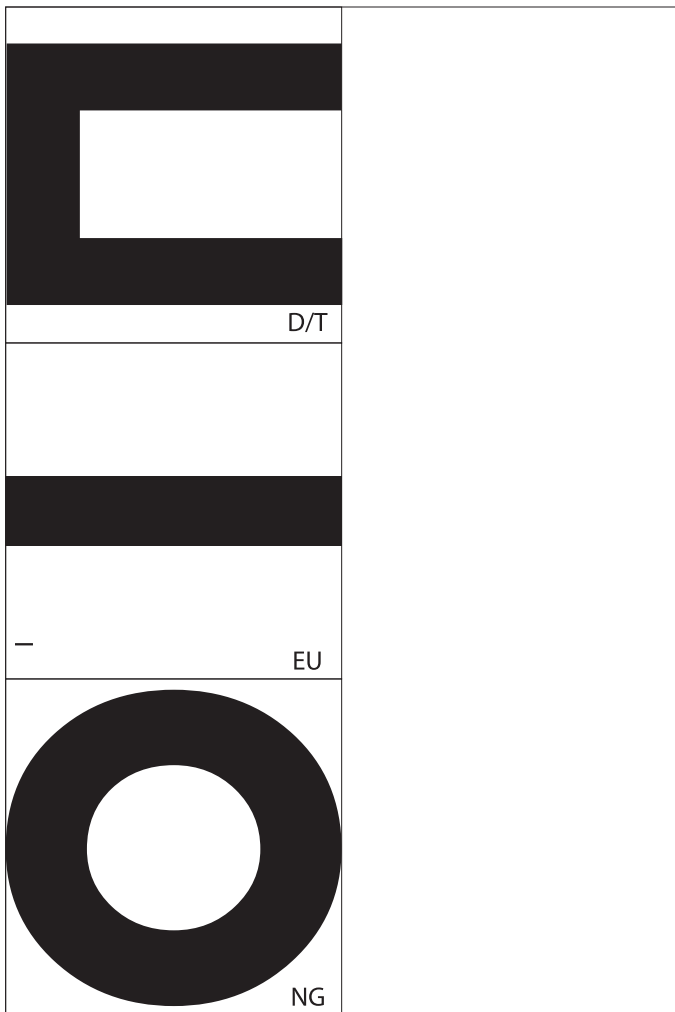
FOOT



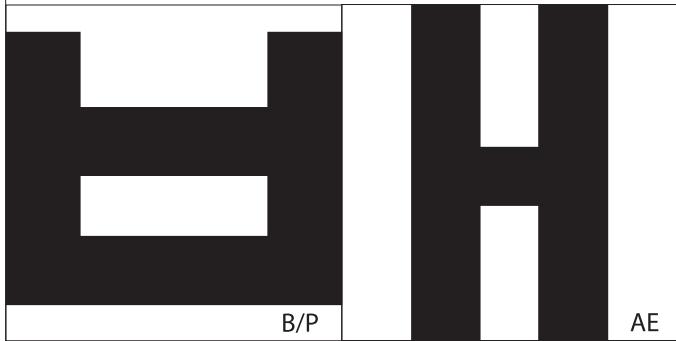
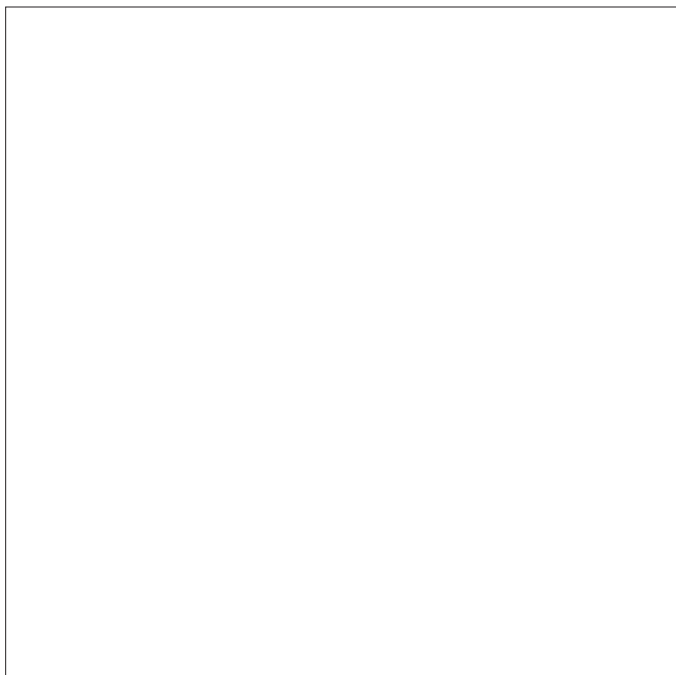
NECK



ARM



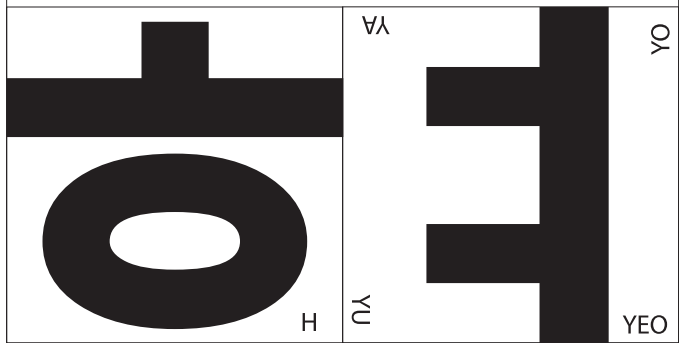
BACK



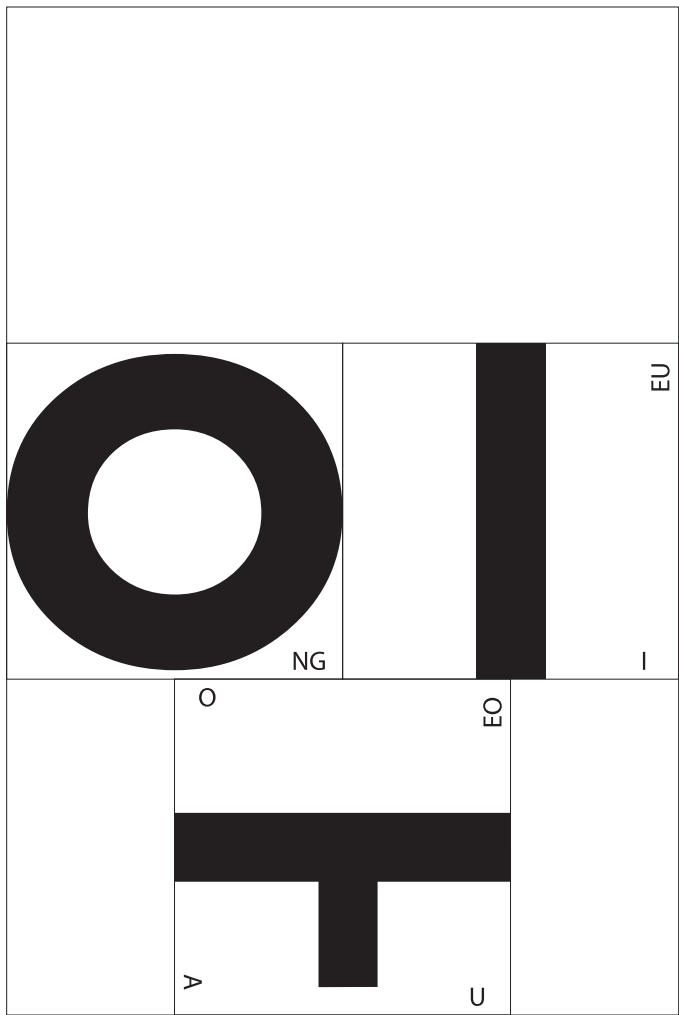
B/P

AE

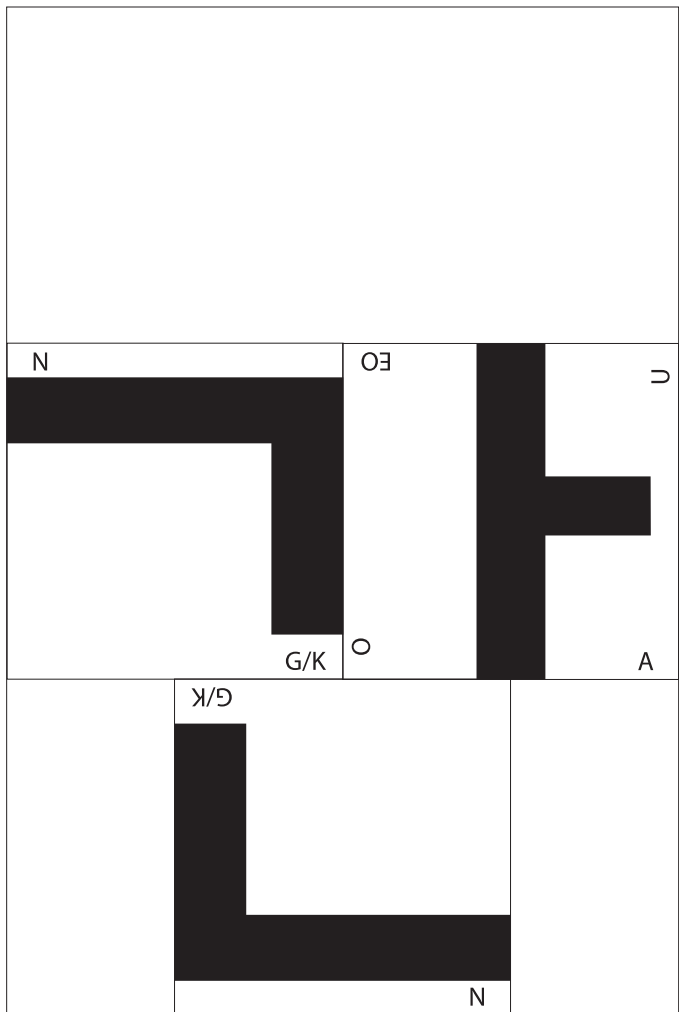
BELLY



TONGUE



STOMACH



LIVER