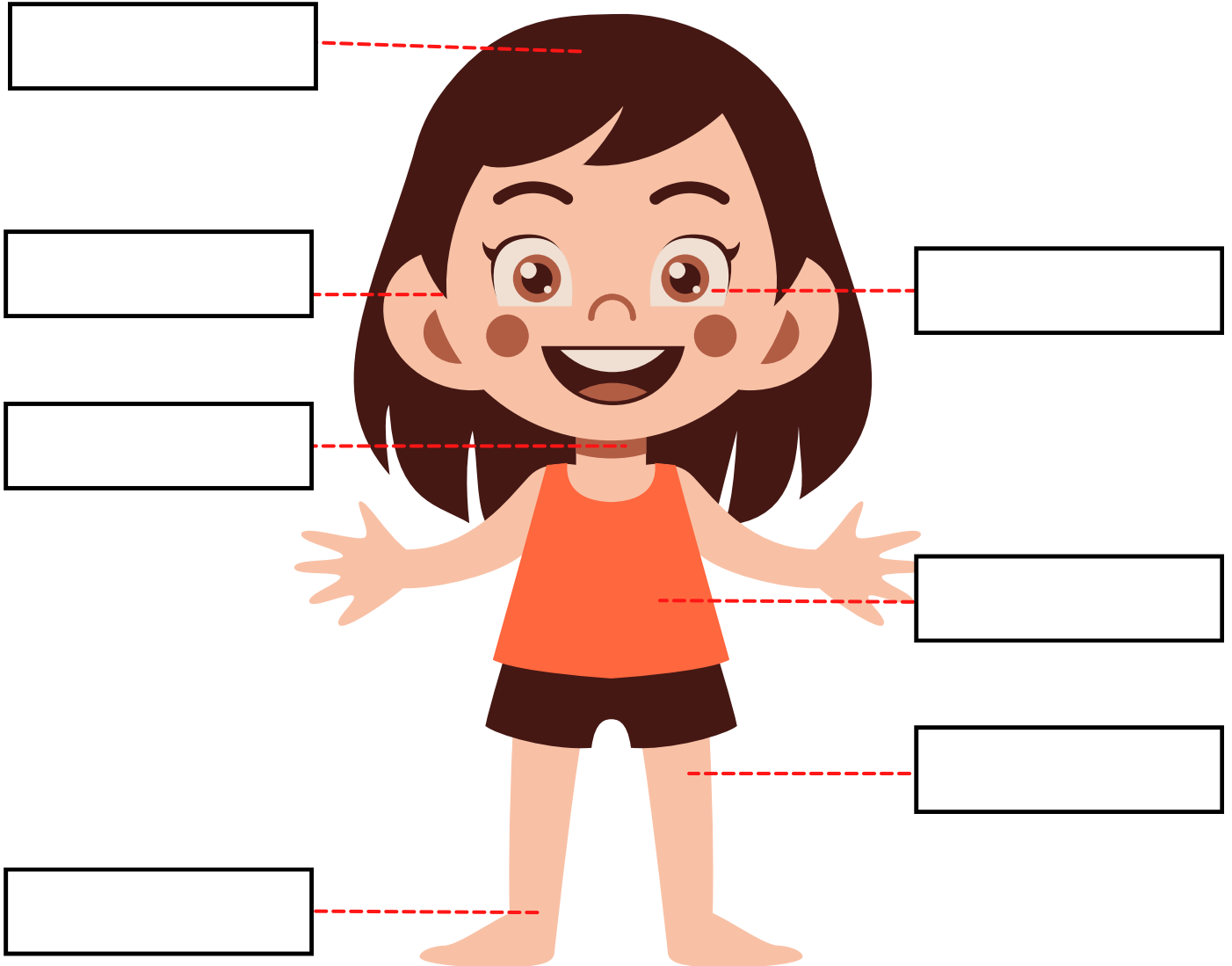




Name :

Class :

Instruction: Choose the correct answer below. Write in the box.



foot

neck

ear

hair

eye

stomach

knee