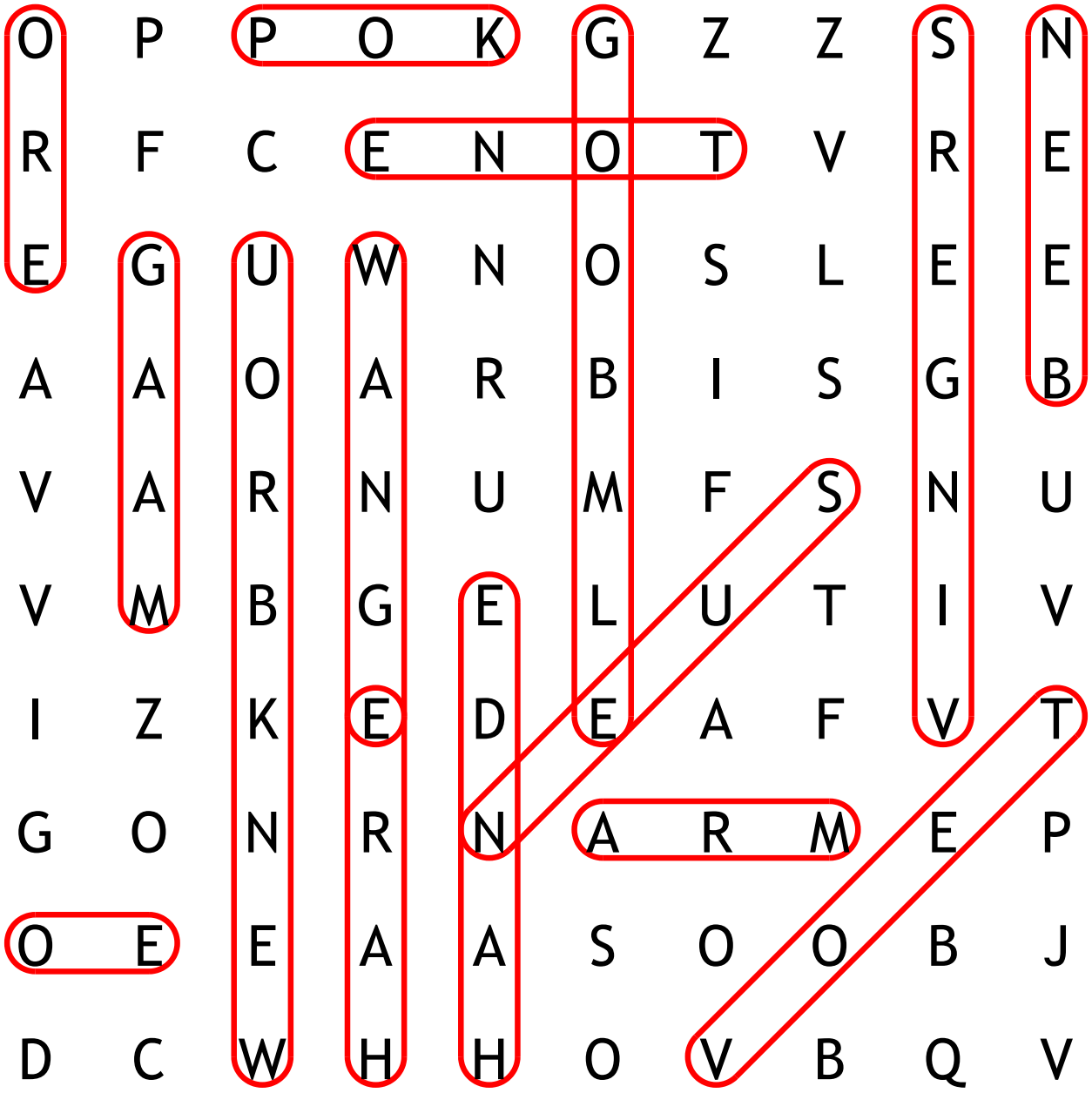
Name: _____ Date: _____

My Ligaam



Wenkbrou
Hande
Voet
Arm

Vingers
Neus
Tone
Kop

Elmboog
Maag
Hare
Oe

Wange
Been
Ore