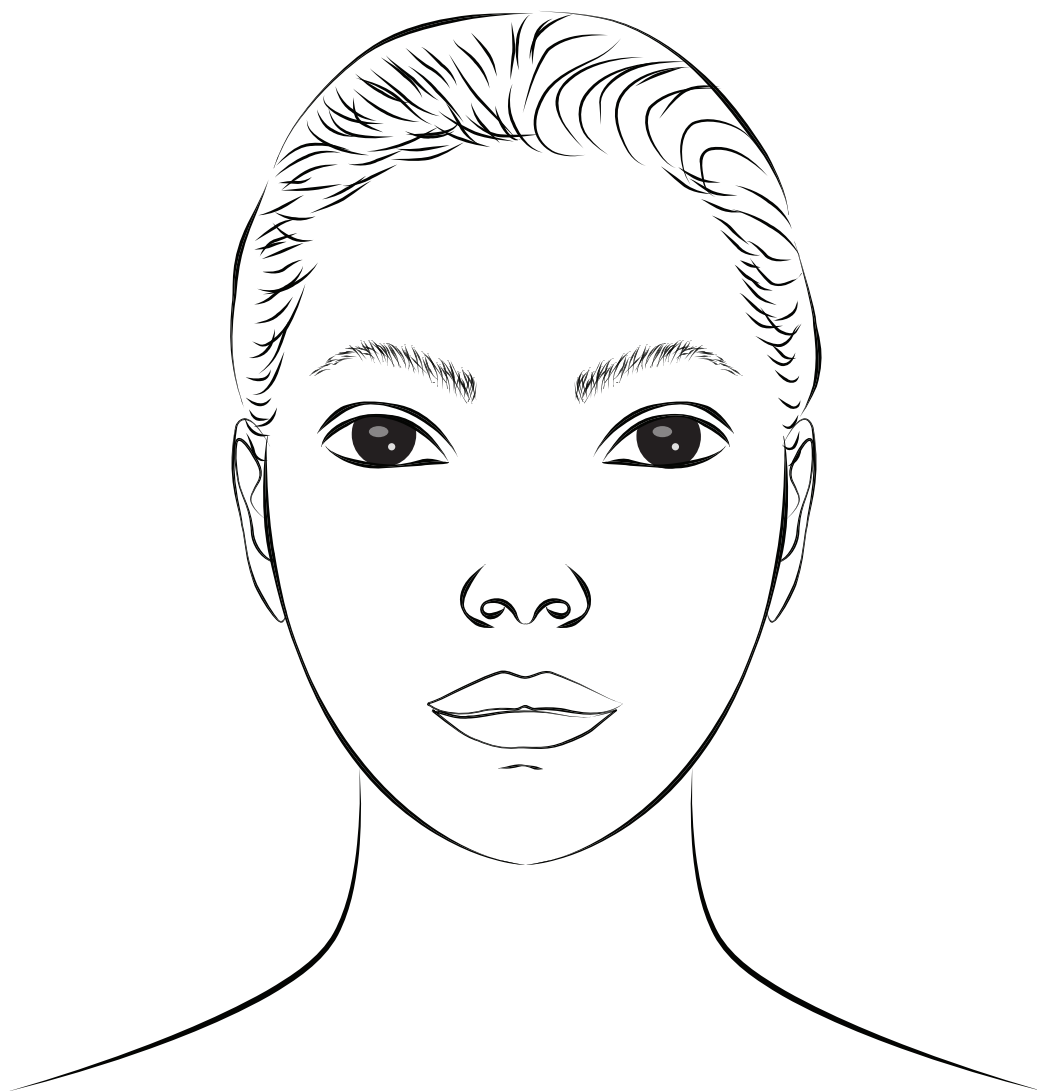


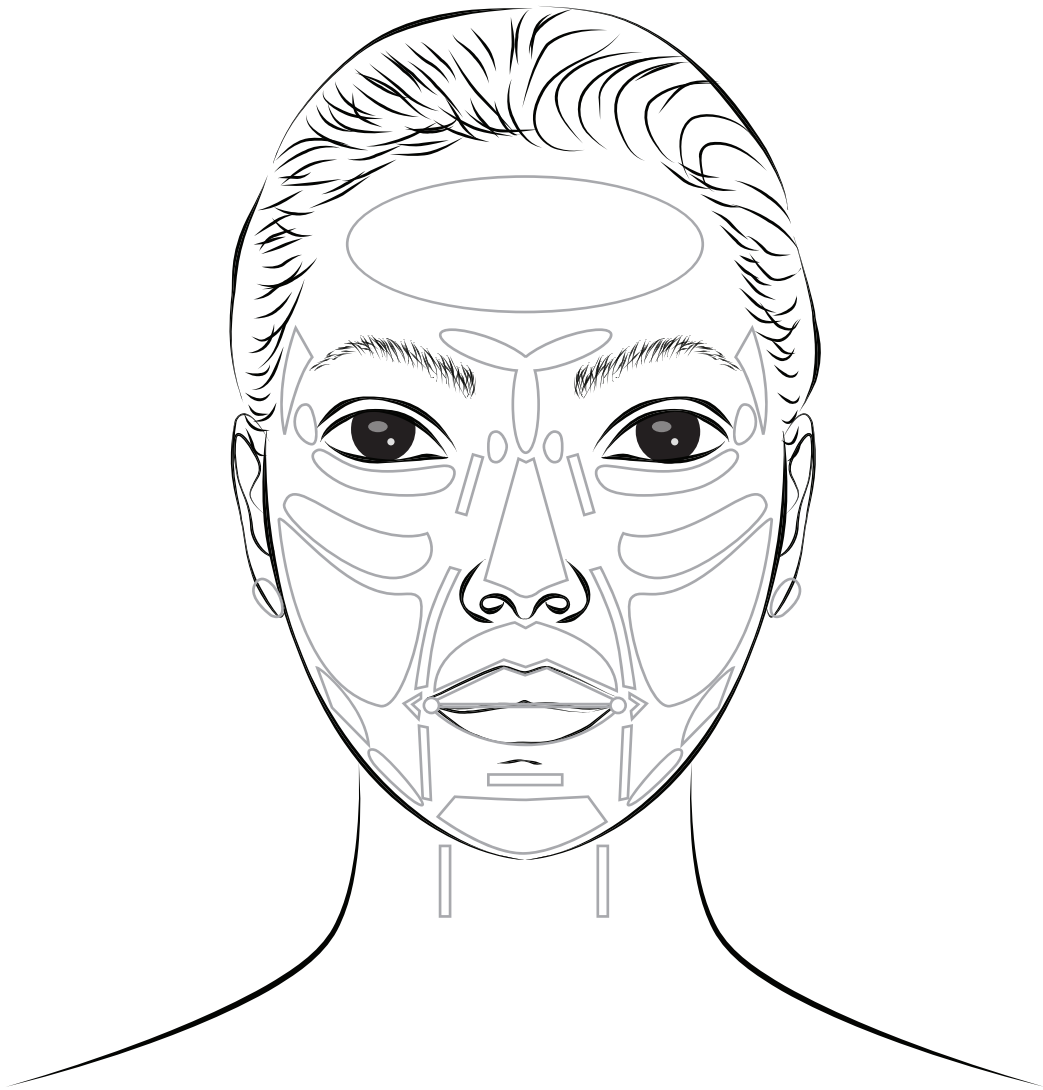
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Date : _____



Name : _____

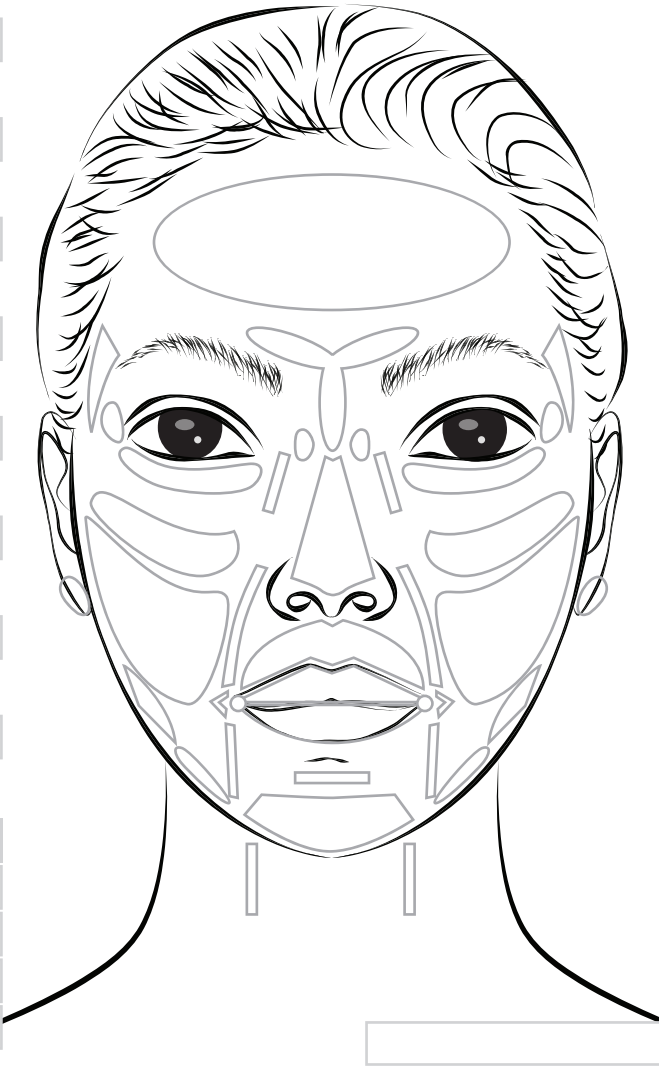
Date : _____



Name : _____

Date : _____

Chin and jawbone



Mouth and lips

Name : _____

Date : _____

