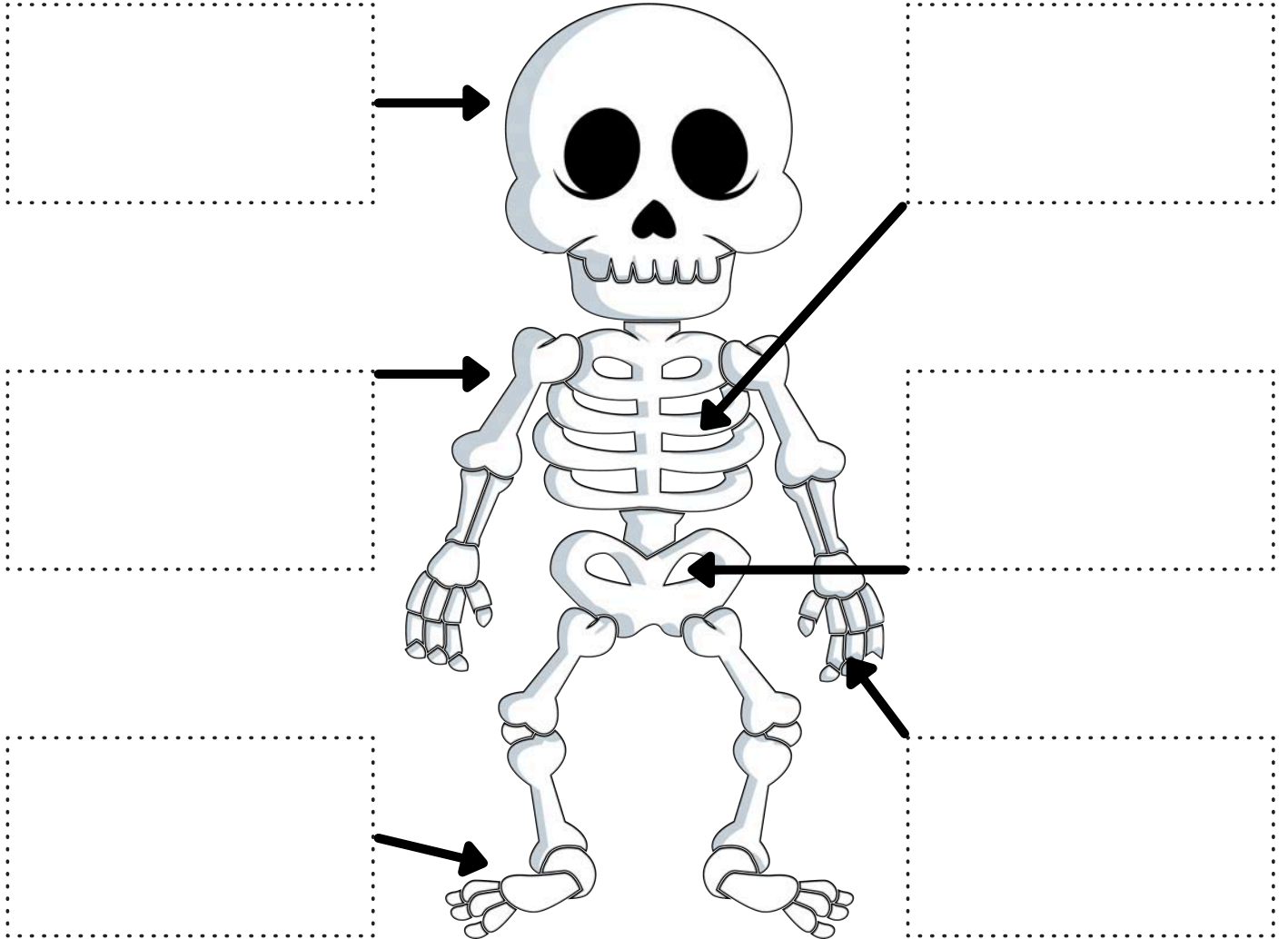


Namn: \_\_\_\_\_ Datum: \_\_\_\_\_



**revben**

**bäcken**

**fot**

**skalle**

**hand**

**arm**