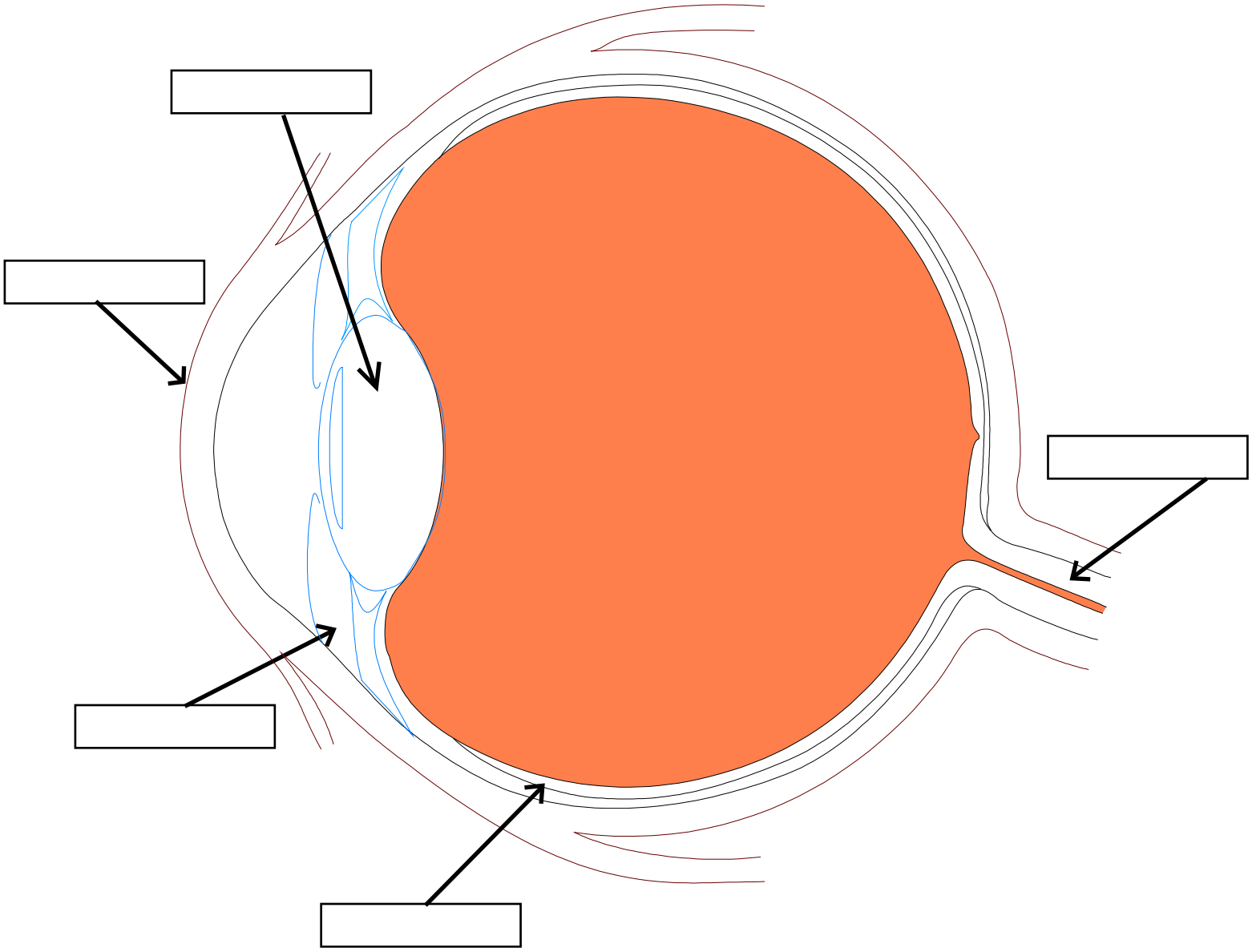
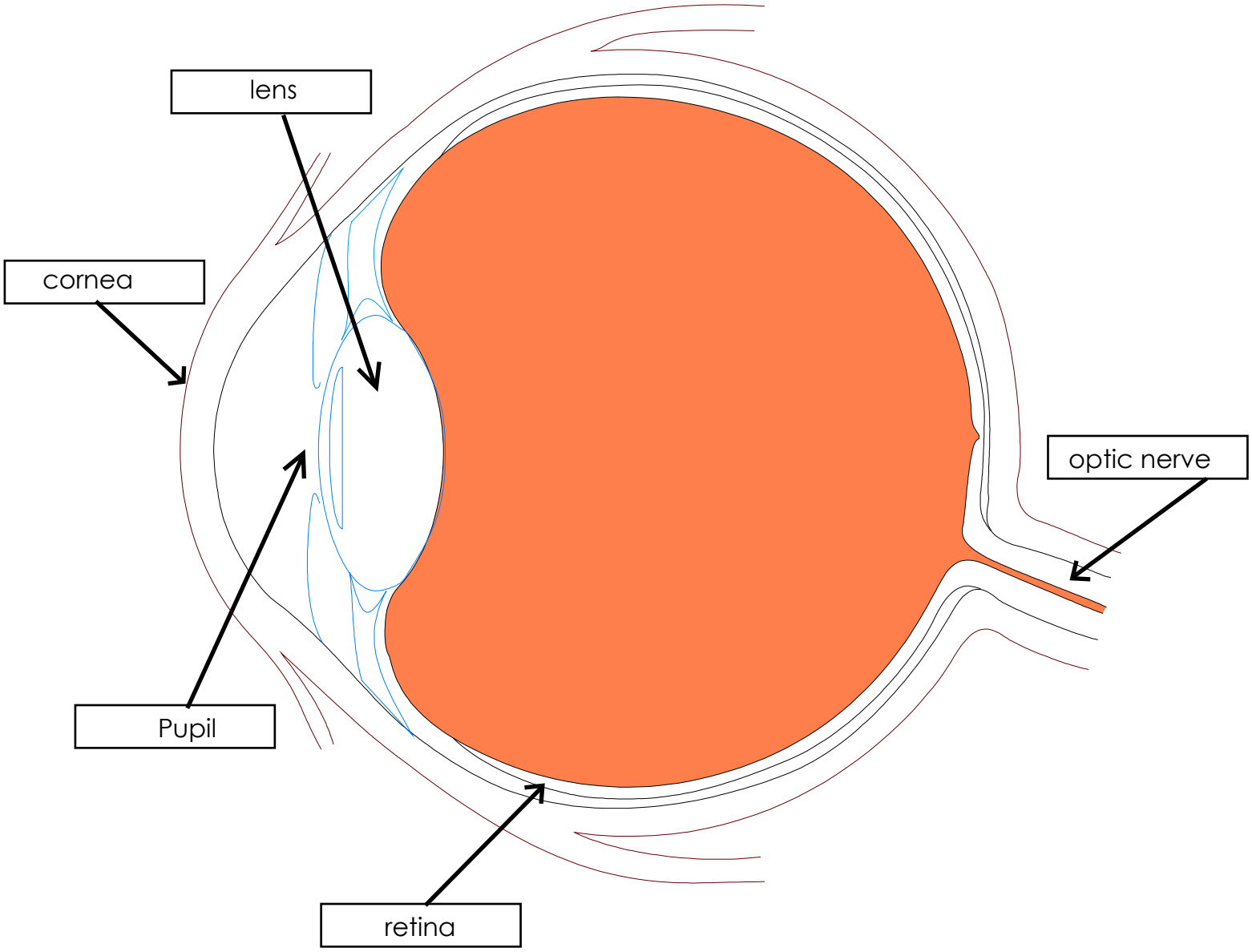
Eye

Name _____ Date _____

Label the following parts



Eye

Name _____ Date _____

Label the following parts