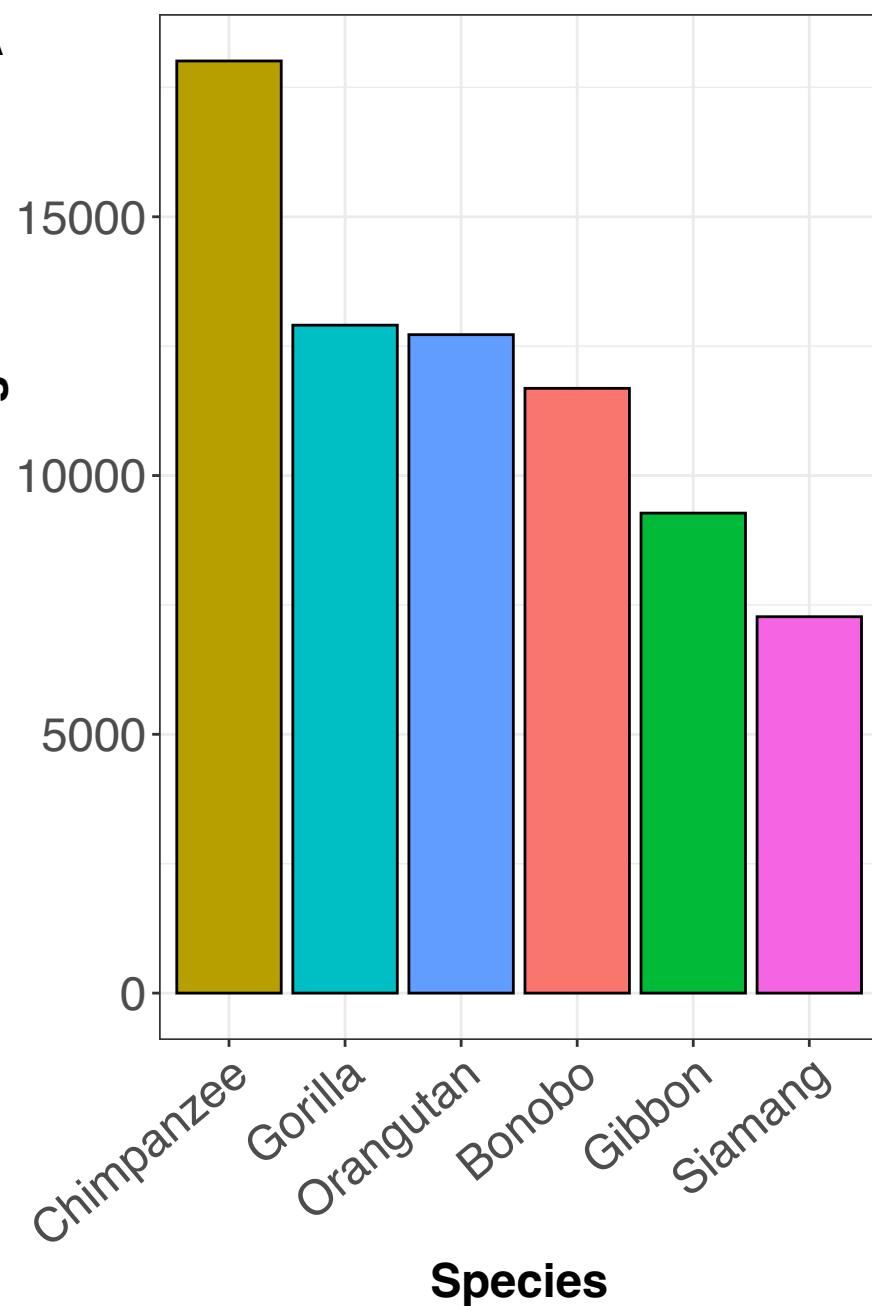


A**Number of Images****B**

- 0: Nose
- 1: Left Eye
- 2: Right Eye
- 3: Head
- 4: Neck
- 5: Left Shoulder
- 6: Left Elbow
- 7: Left Wrist
- 8: Right Shoulder
- 9: Right Elbow
- 10: Right Wrist
- 11: Hip/Sacrum
- 12: Left Knee
- 13: Left Foot
- 14: Right Knee
- 15: Right Foot

