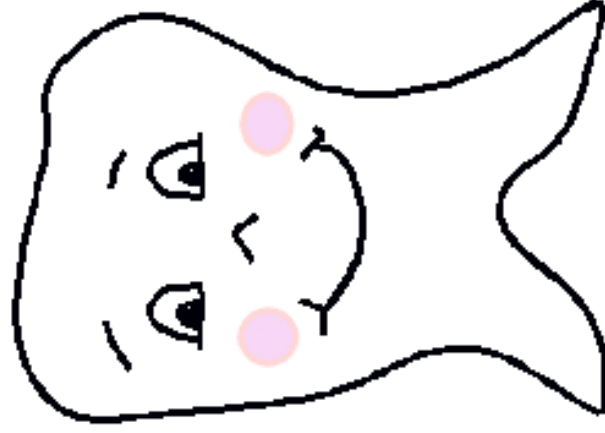


I Lost My Tooth!



When _____

How _____

Where _____

Signed
