(NAME)

I HAVE TO
BEE
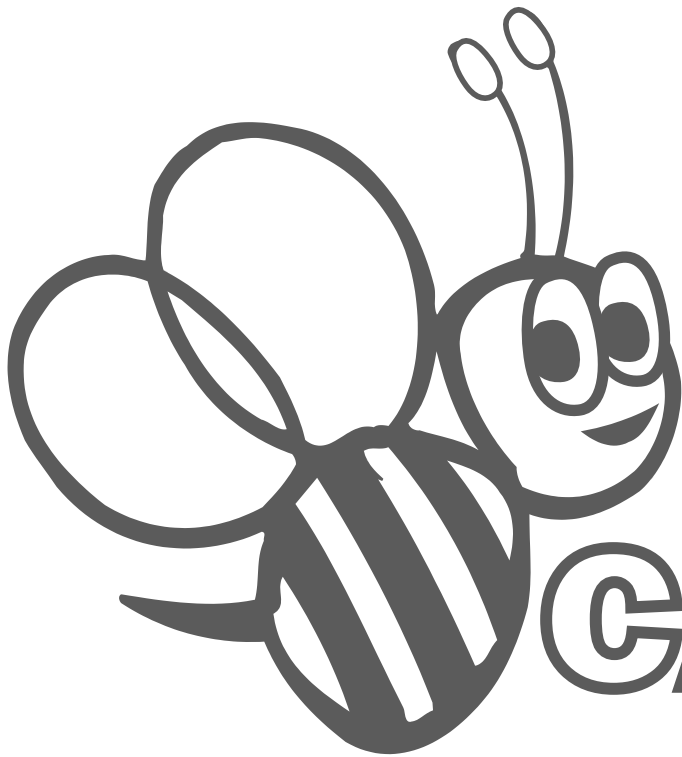# CAREFUL!
I HAVE FOOD ALLERGIES

_____

(List your allergens)