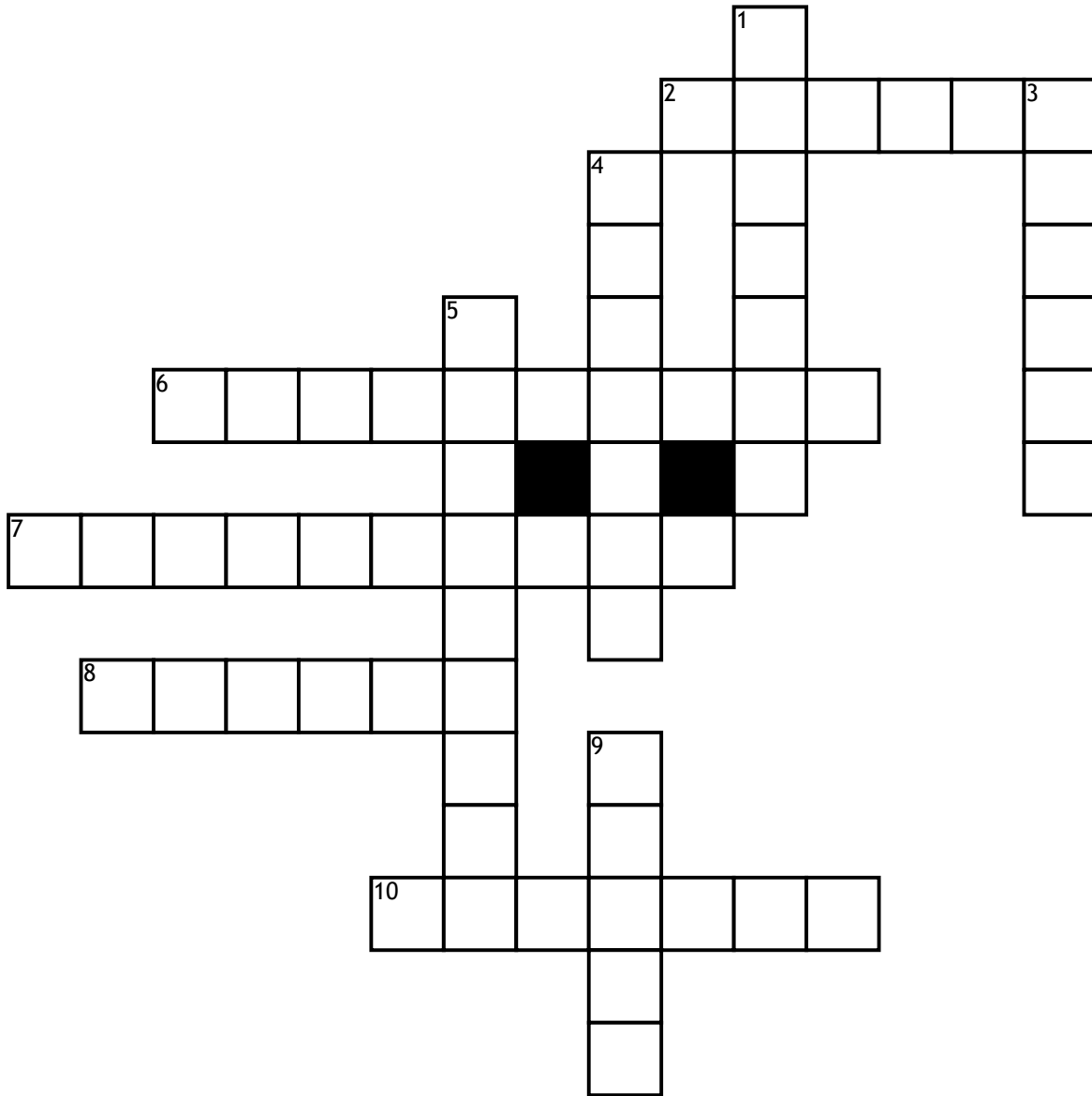


Name: _____

Date: _____

Agindaasowinan



Across

- 2. 4
- 6. 7
- 7. 6
- 8. 1
- 10. 2

Down

- 1. 10
- 3. 5
- 4. 8
- 5. 9
- 9. 3