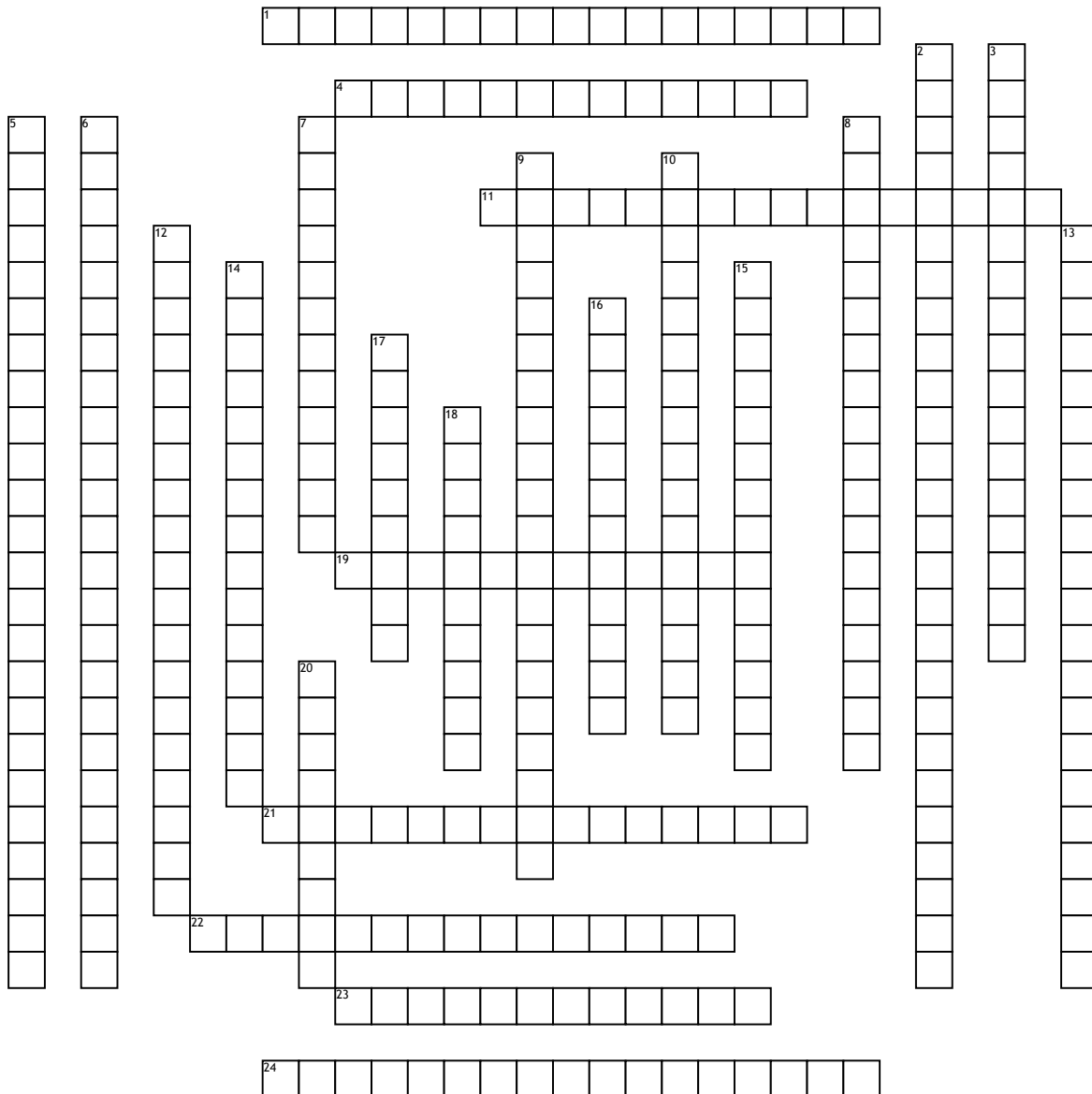


Name: _____

Date: _____

CMS-1500



Across

- 1. BOX #3
- 4. BOX #18
- 11. BOX #12
- 19. BOX #2
- 21. BOX #7
- 22. BOX #5
- 23. BOX #22
- 24. BOX #17

Down

- 2. BOX #19
- 3. BOX #9
- 5. BOX #6
- 6. BOX #23
- 7. BOX #16
- 8. BOX #10
- 9. BOX #14
- 10. BOX #13

- 12. BOX #11
- 13. BOX #1
- 14. BOX #8
- 15. BOX #24a
- 16. BOX #4
- 17. BOX #15
- 18. BOX #20
- 20. BOX #21