

Name: _____ Date: _____

Lethal Injection

1. EHTLAL OENTINCJI _____
2. ACIAPTL PUMNSNHEIT _____
3. DETAH LTPENYA _____
4. IIRFNG QSDAU _____
5. ADTEH CHMERAB _____
6. ENEOTCIXU _____
7. UIFIINCXROC _____
8. SITAAAEUHN _____
9. TACROTCN LILGKIN _____
10. ATALF GDRU SDOE _____