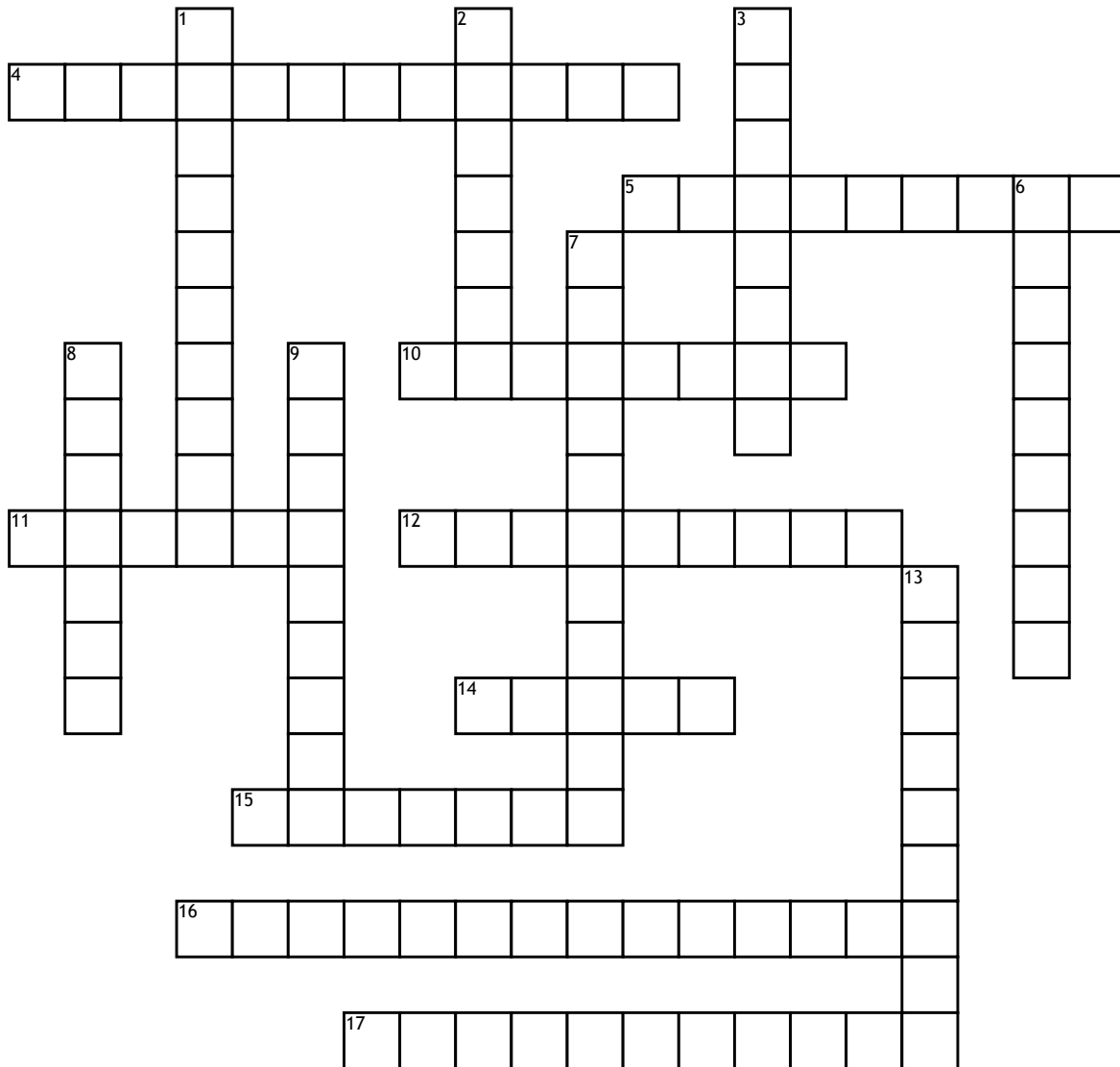


Name: _____

Date: _____

le professioni



Across

- 4. p
- 5. f
- 10. d
- 11. p
- 12. s
- 14. s

15. p

16. v

17. t

Down

- 1. a
- 2. p
- 3. c

6. f

7. v

8. r

9. i

13. p