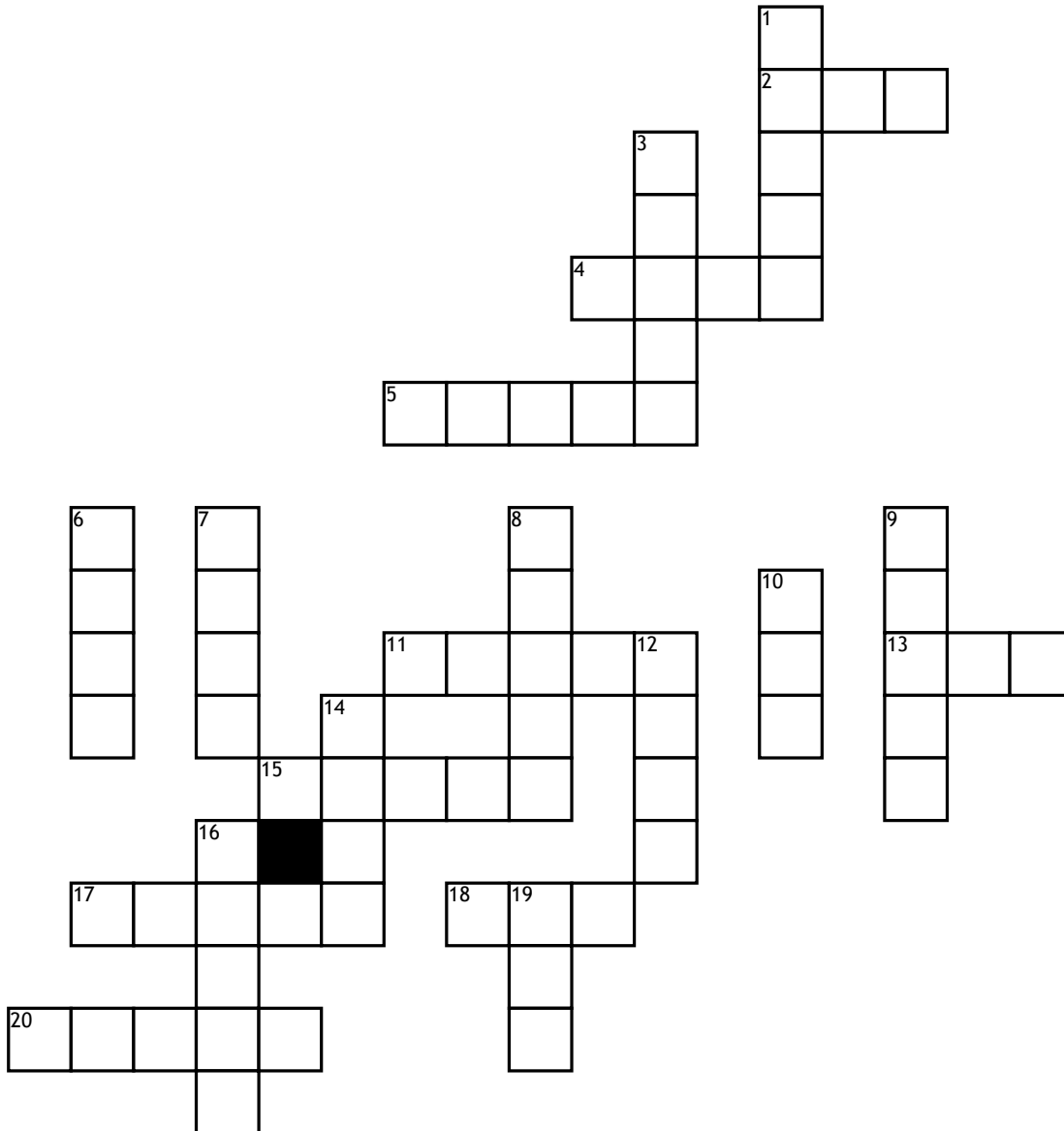


Name: _____

Date: _____

ou or ow



Across

- 2. 20
- 4. 12
- 5. 17
- 11. 18
- 13. 5
- 15. 14
- 17. 11

18. 1

20. 8

Down

- 1. 16
- 3. 13
- 6. 10
- 7. 9
- 8. 19

9. 6

10. 15

12. 3

14. 7

16. 2

19. 4