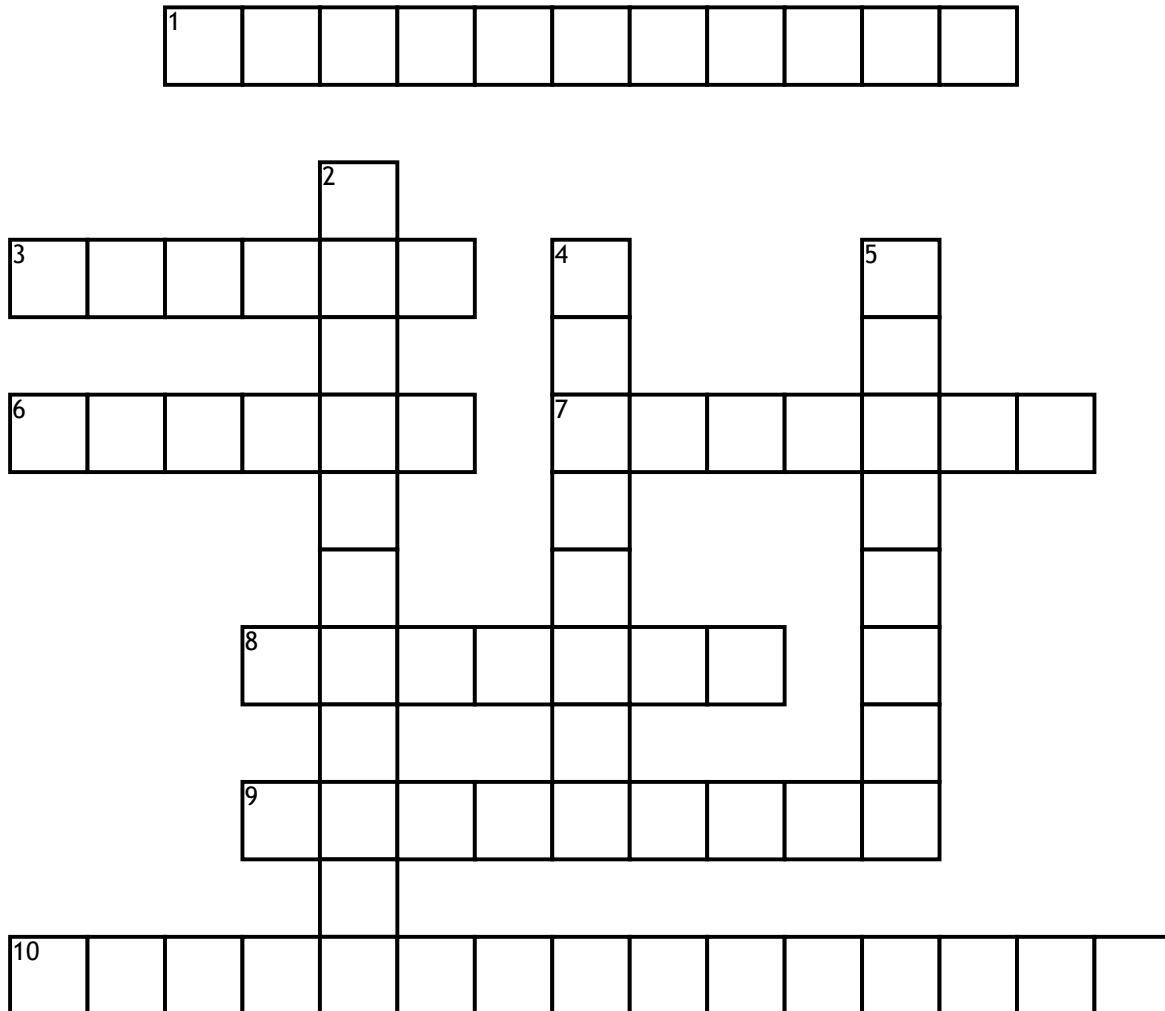


Name: _____

Date: _____

poo



Across

- 1. s
- 3. g
- 6. 8
- 7. s
- 8. f
- 9. i

10. l

Down

- 2. u
- 4. 1
- 5. g