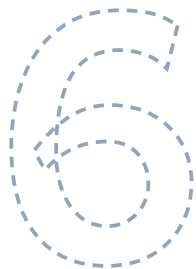


# Number 6

Name: \_\_\_\_\_

Date: \_\_\_\_\_



Now on your own:

Blank three-line grid for independent practice.