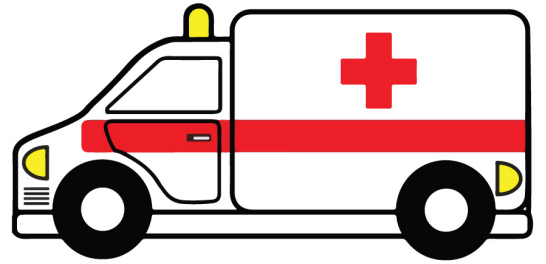
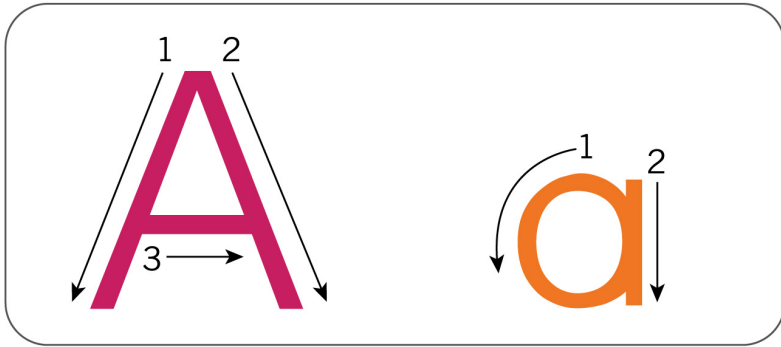


Name: _____

Date: _____

Trace Letter A



Ambulance

