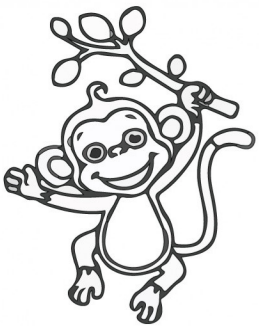

Tracing Practice

Name: _____ Date: _____