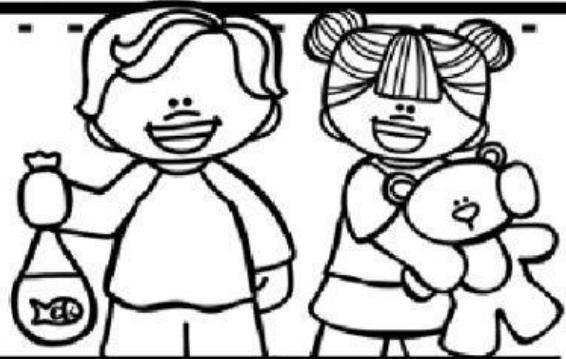


Name: _____

Person, Place or Thing



| | | | |
|--|--------------------------|--|--------------------------|
| | Person Place Thing | | Person Place Thing |
| | Person Place Thing | | Person Place Thing |
| | Person Place Thing | | Person Place Thing |
| | Person Place Thing | | Person Place Thing |