























Name: _____

A. I.

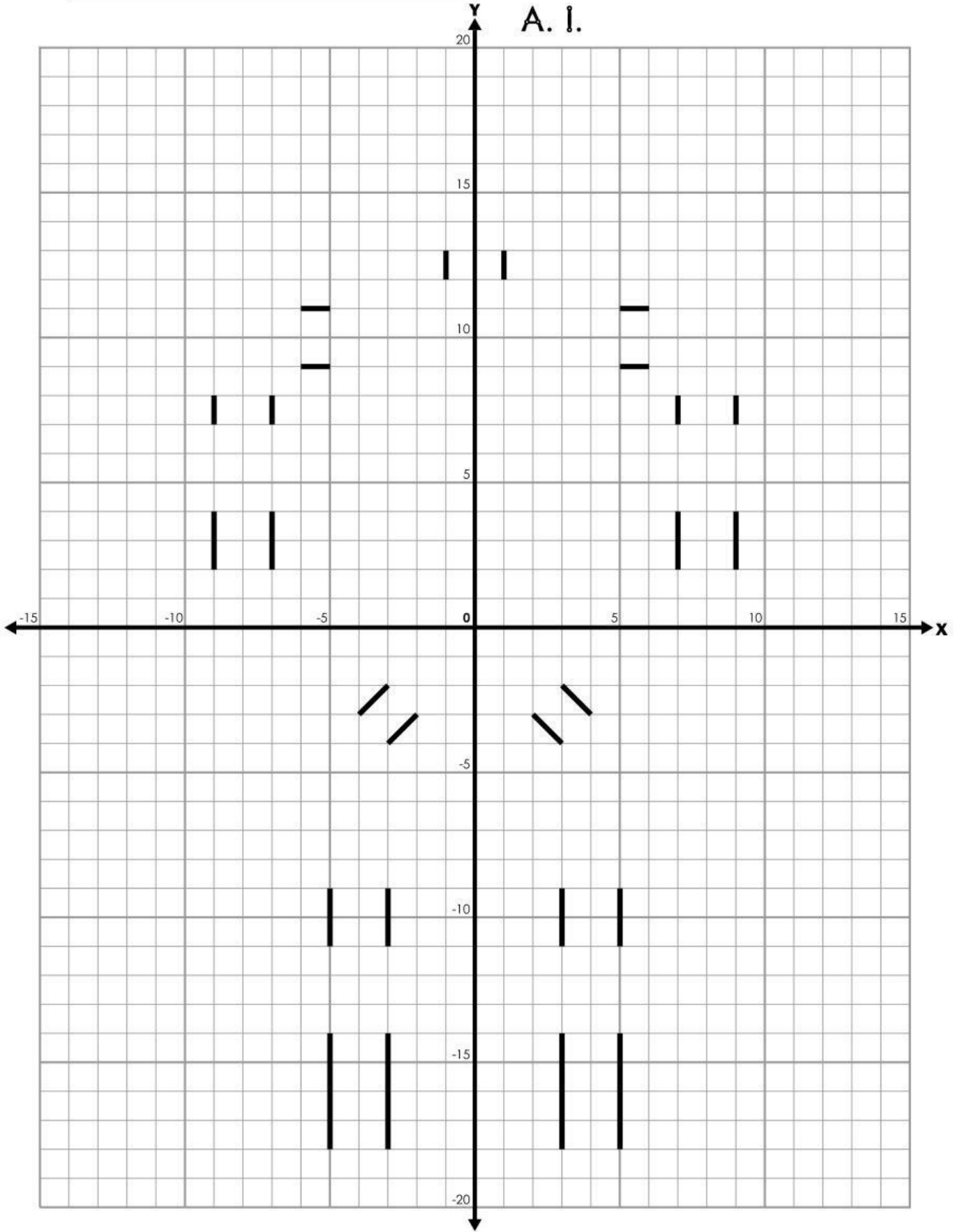
NOTE: In each section, do NOT connect the last point back to first point.

(X, Y)	(X, Y)	(X, Y)	(X, Y)	(X, Y)
<input type="checkbox"/> (1, -20)	<input type="checkbox"/> (2, -5)	<input type="checkbox"/> (3, 19)	<input type="checkbox"/> (-6, 6)	<input type="checkbox"/> (-6, 1)
<input type="checkbox"/> (1, -19)	<input type="checkbox"/> (5, -2)	<input type="checkbox"/> (-3, 19)	<input type="checkbox"/> (-7, 7)	<input type="checkbox"/> (-6, -1)
<input type="checkbox"/> (3, -18)	<input type="checkbox"/> (6, -2)	<input type="checkbox"/> (-4, 18)	<input type="checkbox"/> (-9, 7)	<input type="checkbox"/> (-7, -1)
<input type="checkbox"/> (5, -18)	<input type="checkbox"/> (6, -8)	<input type="checkbox"/> (-4, 14)	<input type="checkbox"/> (-10, 6)	<input type="checkbox"/> (-7, 0)
<input type="checkbox"/> (7, -19)	<input type="checkbox"/> (5, -9)	<input type="checkbox"/> (-3, 13)	<input type="checkbox"/> (-10, 5)	<input type="checkbox"/> (-8, 1)
<input type="checkbox"/> (7, -20)	<input type="checkbox"/> (3, -9)	<input type="checkbox"/> (3, 13)	<input type="checkbox"/> (-9, 4)	<input type="checkbox"/> (-9, 0)
<input type="checkbox"/> (1, -20)	<input type="checkbox"/> (2, -8)	<input type="checkbox"/> (4, 14)	<input type="checkbox"/> (-7, 4)	<input type="checkbox"/> (-9, -2)
	<input type="checkbox"/> (2, -5)	<input type="checkbox"/> (4, 18)	<input type="checkbox"/> (-6, 5)	<input type="checkbox"/> (-10, -2)
		<input type="checkbox"/> (3, 19)	<input type="checkbox"/> (-6, 6)	<input type="checkbox"/> (-10, 1)
				<input type="checkbox"/> (-9, 2)
<input type="checkbox"/> (-1, -20)	<input type="checkbox"/> (-2, -5)			<input type="checkbox"/> (-7, 2)
<input type="checkbox"/> (-1, -19)	<input type="checkbox"/> (-5, -2)	<input type="checkbox"/> (-6, 11)	<input type="checkbox"/> (6, 6)	<input type="checkbox"/> (-6, 1)
<input type="checkbox"/> (-3, -18)	<input type="checkbox"/> (-6, -2)	<input type="checkbox"/> (-7, 12)	<input type="checkbox"/> (7, 7)	
<input type="checkbox"/> (-5, -18)	<input type="checkbox"/> (-6, -8)	<input type="checkbox"/> (-9, 12)	<input type="checkbox"/> (9, 7)	
<input type="checkbox"/> (-7, -19)	<input type="checkbox"/> (-5, -9)	<input type="checkbox"/> (-10, 11)	<input type="checkbox"/> (10, 6)	<input type="checkbox"/> (1, 16)
<input type="checkbox"/> (-7, -20)	<input type="checkbox"/> (-3, -9)	<input type="checkbox"/> (-10, 9)	<input type="checkbox"/> (10, 5)	<input type="checkbox"/> (3, 16)
<input type="checkbox"/> (-1, -20)	<input type="checkbox"/> (-2, -8)	<input type="checkbox"/> (-9, 8)	<input type="checkbox"/> (9, 4)	<input type="checkbox"/> (3, 18)
	<input type="checkbox"/> (-2, -5)	<input type="checkbox"/> (-7, 8)	<input type="checkbox"/> (7, 4)	<input type="checkbox"/> (1, 18)
		<input type="checkbox"/> (-6, 9)	<input type="checkbox"/> (6, 5)	<input type="checkbox"/> (1, 16)
<input type="checkbox"/> (3, -14)		<input type="checkbox"/> (-6, 11)	<input type="checkbox"/> (6, 6)	
<input type="checkbox"/> (5, -14)				
<input type="checkbox"/> (6, -13)	<input type="checkbox"/> (1, -4)			<input type="checkbox"/> (-1, 16)
<input type="checkbox"/> (6, -12)	<input type="checkbox"/> (4, -1)	<input type="checkbox"/> (6, 11)	<input type="checkbox"/> (6, 1)	<input type="checkbox"/> (-3, 16)
<input type="checkbox"/> (5, -11)	<input type="checkbox"/> (4, 1)	<input type="checkbox"/> (7, 12)	<input type="checkbox"/> (6, -1)	<input type="checkbox"/> (-3, 18)
<input type="checkbox"/> (3, -11)	<input type="checkbox"/> (-4, 1)	<input type="checkbox"/> (9, 12)	<input type="checkbox"/> (7, -1)	<input type="checkbox"/> (-1, 18)
<input type="checkbox"/> (2, -12)	<input type="checkbox"/> (-4, -1)	<input type="checkbox"/> (10, 11)	<input type="checkbox"/> (7, 0)	<input type="checkbox"/> (-1, 16)
<input type="checkbox"/> (2, -13)	<input type="checkbox"/> (-1, -4)	<input type="checkbox"/> (10, 9)	<input type="checkbox"/> (8, 1)	
<input type="checkbox"/> (3, -14)	<input type="checkbox"/> (1, -4)	<input type="checkbox"/> (9, 8)	<input type="checkbox"/> (9, 0)	
		<input type="checkbox"/> (7, 8)	<input type="checkbox"/> (9, -2)	
<input type="checkbox"/> (-3, -14)	<input type="checkbox"/> (-3, 4)	<input type="checkbox"/> (6, 9)	<input type="checkbox"/> (10, -2)	<input type="checkbox"/> (-3, 11)
<input type="checkbox"/> (-5, -14)	<input type="checkbox"/> (-5, 8)	<input type="checkbox"/> (6, 11)	<input type="checkbox"/> (10, 1)	<input type="checkbox"/> (-3, 8)
<input type="checkbox"/> (-6, -13)	<input type="checkbox"/> (-5, 12)		<input type="checkbox"/> (9, 2)	<input type="checkbox"/> (3, 8)
<input type="checkbox"/> (-6, -12)	<input type="checkbox"/> (5, 12)		<input type="checkbox"/> (7, 2)	<input type="checkbox"/> (3, 11)
<input type="checkbox"/> (-5, -11)	<input type="checkbox"/> (5, 8)	<input type="checkbox"/> (-2, 19)	<input type="checkbox"/> (6, 1)	<input type="checkbox"/> (-3, 11)
<input type="checkbox"/> (-3, -11)	<input type="checkbox"/> (3, 4)	<input type="checkbox"/> (-2, 20)		
<input type="checkbox"/> (-2, -12)	<input type="checkbox"/> (-3, 4)	<input type="checkbox"/> (2, 20)		
<input type="checkbox"/> (-2, -13)		<input type="checkbox"/> (2, 19)	<input type="checkbox"/> (2, 15)	<input type="checkbox"/> (-2, 4)
<input type="checkbox"/> (-3, -14)			<input type="checkbox"/> (2, 14)	<input type="checkbox"/> (-2, 1)
		<input type="checkbox"/> (2, 4)	<input type="checkbox"/> (-2, 14)	
		<input type="checkbox"/> (2, 1)	<input type="checkbox"/> (-2, 15)	
			<input type="checkbox"/> (2, 15)	

Now color your picture.

Name: _____

A. I.



ANSWER KEY

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