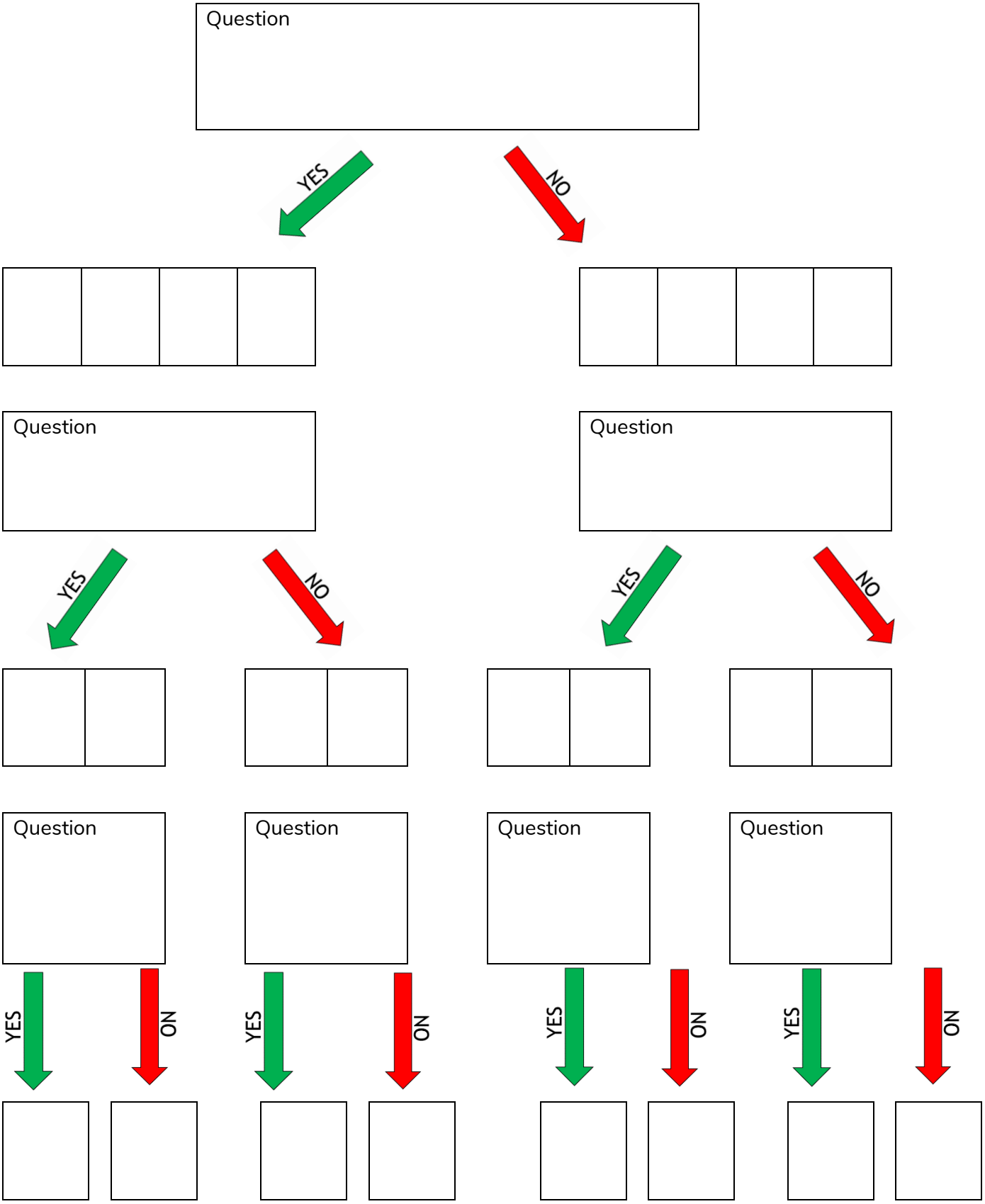
Name _____ Date _____


Question
YES
NO
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