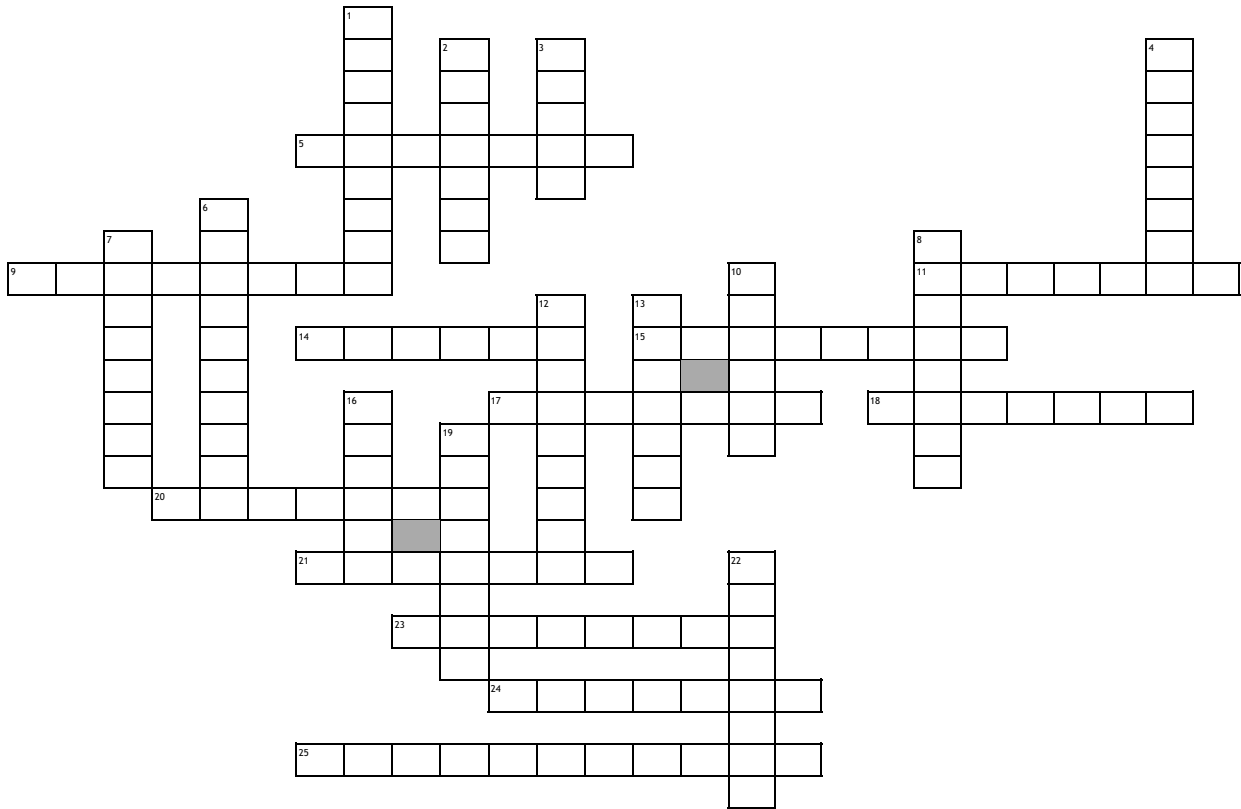


Name: _____

Date: _____

Tired



Across

- 5. P
- 9. P
- 11. R
- 14. D
- 15. E
- 17. G
- 18. B
- 20. M
- 21. F
- 23. P
- 24. C
- 25. L

Down

- 1. M
- 2. M
- 3. A
- 4. M
- 6. D
- 7. S
- 8. F
- 10. F
- 12. S
- 13. L
- 16. N
- 19. C
- 22. T