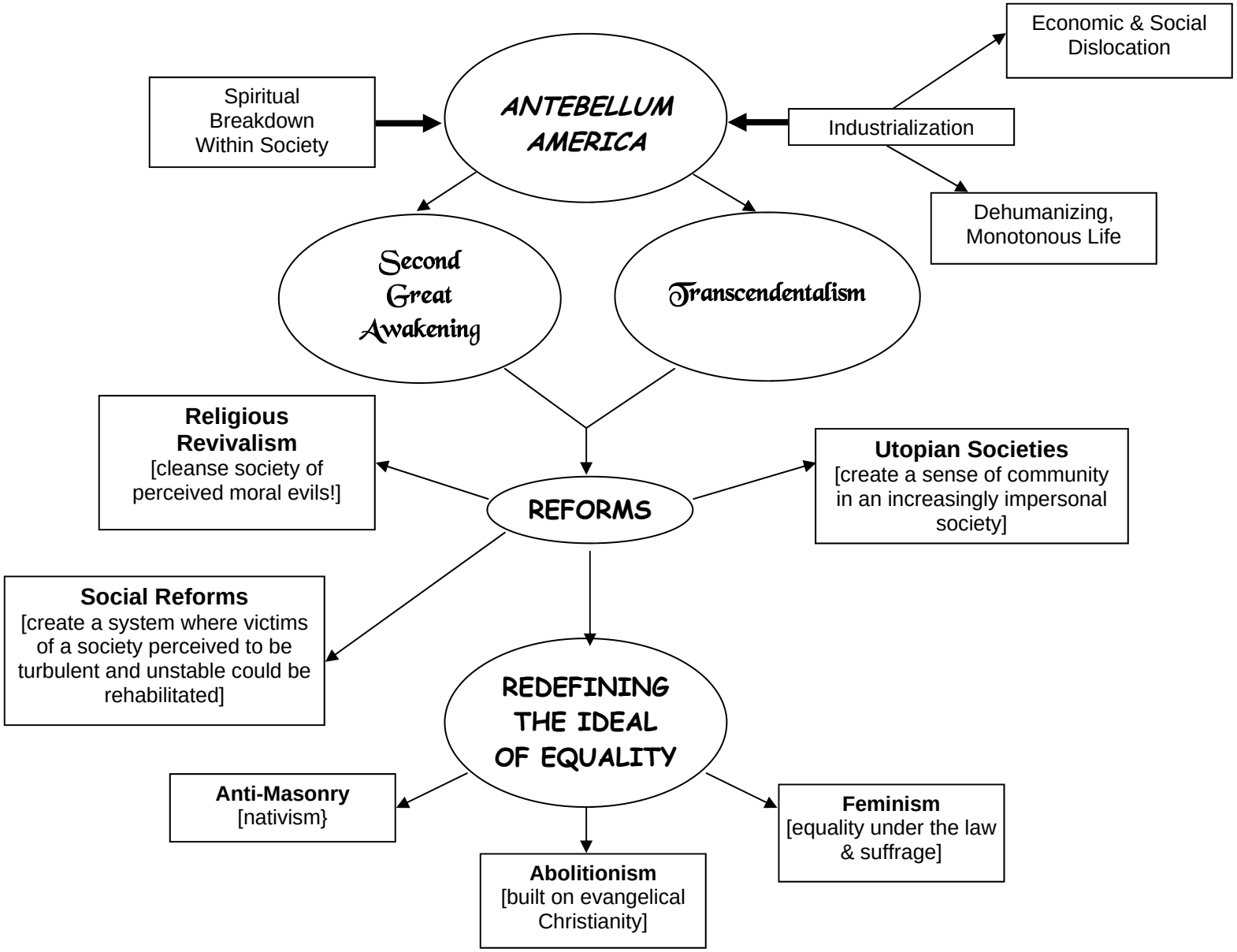Name _____ Mod _____ AHAP Ms. Pojer HGHS