

[Empty rectangular box for drawing or writing]

First,

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

next,

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Then,

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Last

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Name \_\_\_\_\_