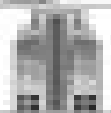
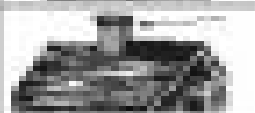


Name _____

BUILDINGS

			
			
			
			
			BB: _____
			BB: _____
			BB: _____
			BB: _____

Write the name of the building in the box.



BB: _____

BB: _____

BB: _____
AB: _____

BB: _____
AB: _____

BB: _____

BB: _____