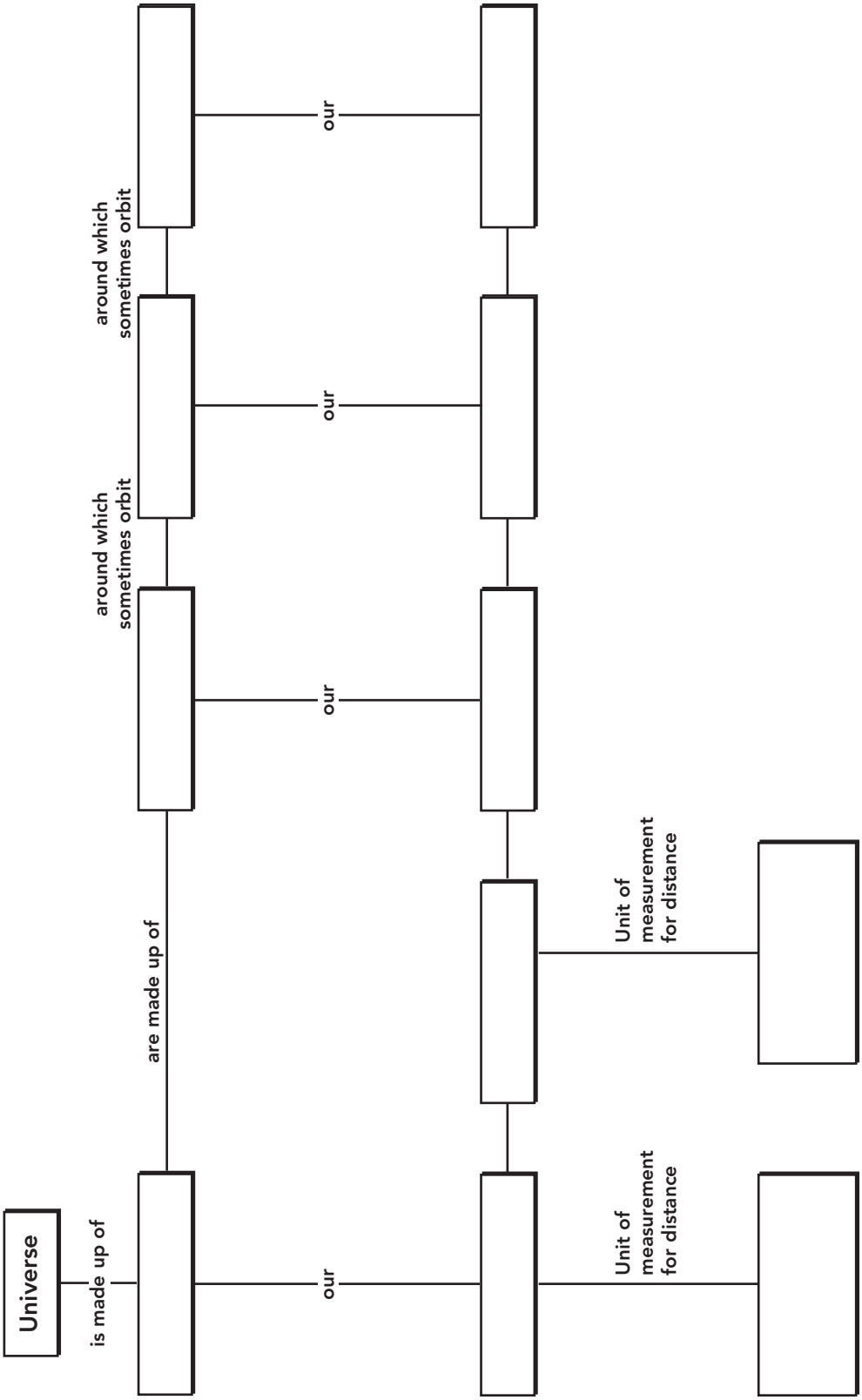
Name: _____ Group: _____ Date: _____

CONCEPT MAP

CHAPTER 9



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