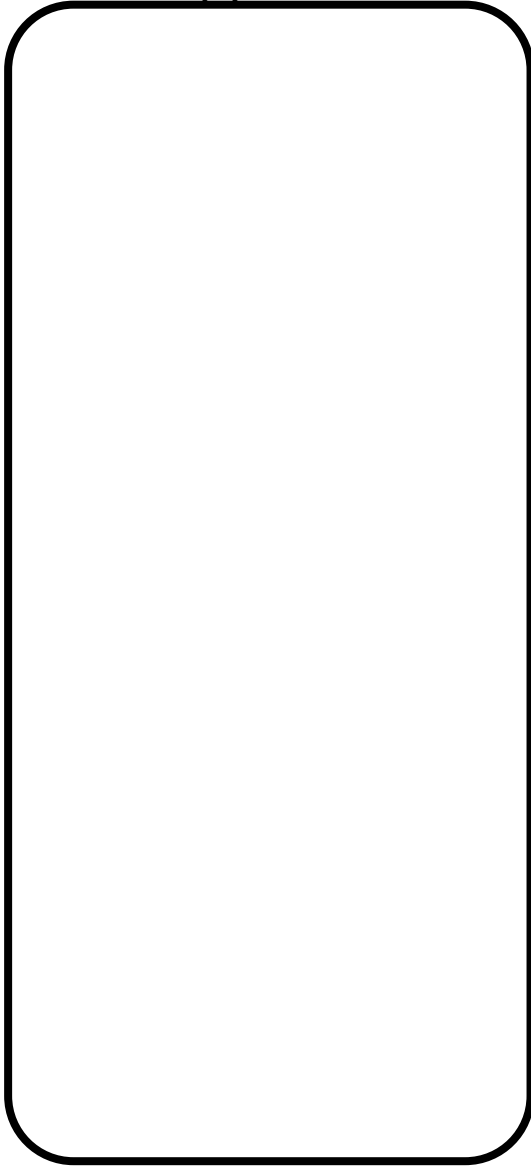


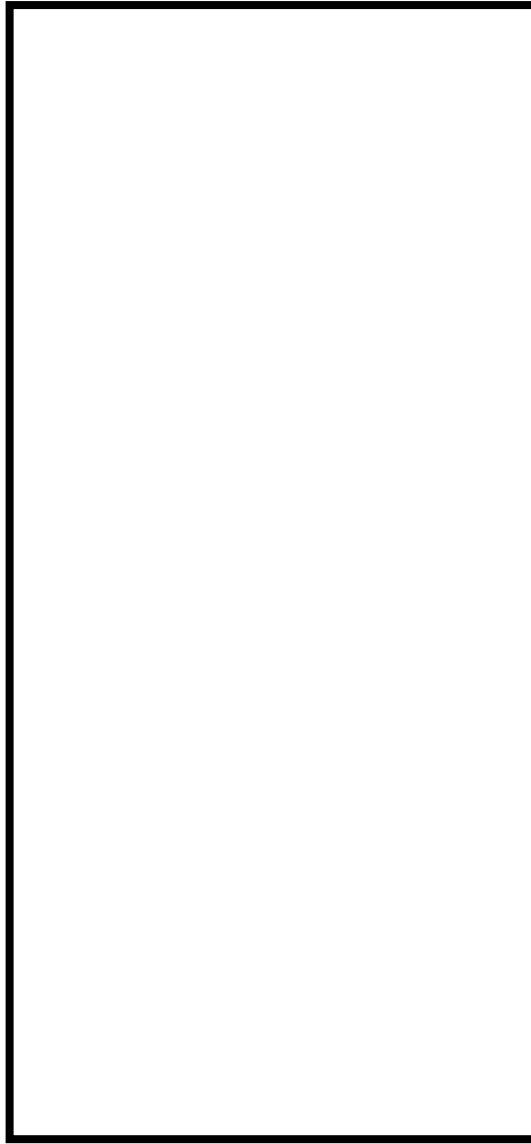
Name _____

Event in History _____ Date _____

Cause(s) of the Event



Results of the Event



Effects Felt Today

