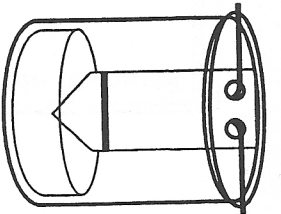


Name: _____

Date: _____

Master #14

Mystery Dye



	Pen 1	Pen 2	Pen 3	Pen 4
Test Strip				
Observations:	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____