



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please draw a diagonal line 2

2 3 1 3 3 3 4 2 2 2 2 1 4 1 4 1 2 1 1 2

3 4 2 1 1 3 4 2 4 2 2 2 1 1 4 2 3 1 2 4

4 4 2 1 2 3 2 4 1 3 1 1 4 4 3 3 1 1 2 4

4 4 1 1 2 4 2 2 1 3 3 1 1 4 4 3 1 3 2 2

1 4 3 1 2 2 3 1 1 1 1 4 4 4 3 1 4 4 3 2

2 1 2 2 4 1 3 2 1 4 3 1 4 4 1 2 3 2 2 3

4 4 4 2 1 3 3 1 3 2 1 3 4 4 2 4 2 2 2 1

4 2 2 2 1 2 3 2 3 1 4 1 3 2 2 1 4 2 3 1

3 1 2 3 3 3 1 2 1 4 1 2 4 4 3 2 1 1 2 3

4 4 4 1 2 1 1 4 1 2 4 2 2 4 3 2 3 2 2 4