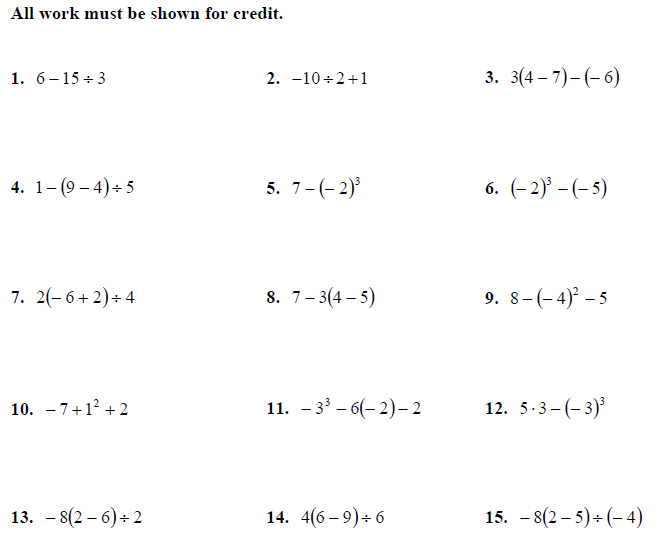
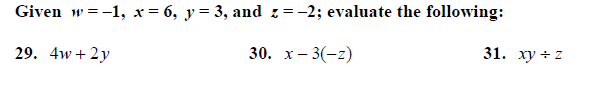
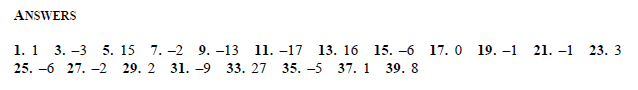
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Order of Operations with Integers**







**Challenge:**