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

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

Instructions: Complete the following problems. Show all of your work. If you run out of room, use the back of the sheet and label the problem with the corresponding number. Turn in your work at the front desk when you are finished.

**Problems**

**Part 1:**

1.

**Part 2 :**

**Part 3 :**