Name _____ Date _

9 x 2

8 × 9

7 ×9 6 × 5

× 5

8 <u>× 4</u>

9 × 3 8 × 7 8 × 6

× 6

9 × 9

7 <u>× 5</u> 6 × 3

9 × 8

× 6

6 × 2

9 <u>× 4</u>

7 ×4 9 × 5

× 7

7 <u>× 2</u> 8 x 3

6 × 4 8 x 2

x 3