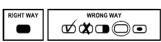


| INSTRUCTIONS |
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Fill Your ID Below

| 7 | NAME |
|---------------------|---------|
| 0 1 2 3 4 5 6 7 8 9 | CLASS |
| 0 1 2 3 4 5 6 7 8 9 | SUBJECT |

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| 1. Write your question | 2. Write your question | | |
| Write your option | Write your option | | |
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| © Write your option | © Write your option | | |
| Write your option | Write your option | | |
| | | | |
| 3. Write your question | 4. Write your question | | |
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| 5. Write your question | 6. Write your question | | |
| (A) Write your option | Write your option | | |
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| 7. Write your question | 8. Write your question | | |
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| 9. Write your question | 10. Write your question | | |
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