

Lab Exam

Q 1.

Contacts

First name	Last name	Phone numbers		
<input type="text" value="FirstName"/>	<input type="text" value="LastName"/>	<input type="text" value="Mobile"/>	<input type="text" value="(555) 121-2121"/>	Delete
		<input type="text" value="Home"/>	<input type="text" value="(555) 123-4567"/>	Delete
Add number				