

Name _____ Objective _____ Score _____ Date _____

Instructions:

Write the number of the question in the circle. Show your work and record your final answer in the box provided. Try your best! After you get the results, mark the problems correct or incorrect.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>