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ANSWER SHEET

Student's name: **ID No.:**

Class: **Date of Birth:**

PART 1: CONVERSATION LISTENING

1		6	
2		7	
3		8	
4		9	
5		10	

PART 1: DICTATION LISTENING

1.	6.	11.	16.
2.	7.	12.	17.
3.	8.	13.	18.
4.	9.	14.	19.
5.	10.	15.	20.