

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                          |      |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | HE   |
|                                                                                   |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                | SHE                                                                               | IT                                                                                | THEY                                                                              | <input type="checkbox"/> | THEY |

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                          |      |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | HE   |
|                                                                                   |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                | SHE                                                                               | IT                                                                                | THEY                                                                              | <input type="checkbox"/> | THEY |

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                          |      |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | HE   |
|                                                                                   |                                                                                   |                                                                                   |                                                                                   | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                | SHE                                                                               | IT                                                                                | THEY                                                                              | <input type="checkbox"/> | THEY |

|                                                                                     |                                                                                     |                                                                                     |                                                                                     |                          |      |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | HE   |
|                                                                                     |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                  | SHE                                                                                 | IT                                                                                  | THEY                                                                                | <input type="checkbox"/> | THEY |

|                                                                                     |                                                                                     |                                                                                     |                                                                                     |                          |      |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | HE   |
|                                                                                     |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                  | SHE                                                                                 | IT                                                                                  | THEY                                                                                | <input type="checkbox"/> | THEY |

|                                                                                     |                                                                                     |                                                                                     |                                                                                     |                          |      |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------|------|
|  |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | HE   |
|                                                                                     |                                                                                     |                                                                                     |                                                                                     | <input type="checkbox"/> | SHE  |
|  |  |  |  | <input type="checkbox"/> | IT   |
| HE                                                                                  | SHE                                                                                 | IT                                                                                  | THEY                                                                                | <input type="checkbox"/> | THEY |



**Izvēlieties  
pareizo**

**atbildi un  
ielieciet  
krustiņu  
(burtu x,  
maziņo)  
lodziņā pirms  
tās. Nelieciet  
neko  
nepareizajos  
lodziņos.**

Выберите  
правильный  
ответ. Перед  
правильным  
ответом  
поставьте  
английскую  
букву x  
(маленькую),  
перед  
остальными  
не ставьте  
ничего.

**Put an x in  
the box in  
front of the  
correct  
answer.  
Don't put  
anything in  
other boxes,  
leave them  
empty.**



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY



☐ HE  
☐ SHE  
☐ IT  
☐ THEY






HE SHE IT THEY