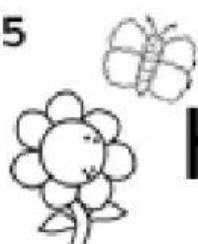


Numbers 1-5

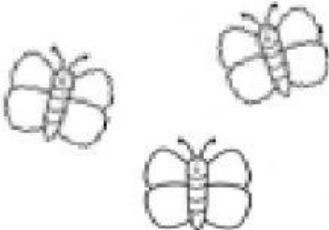
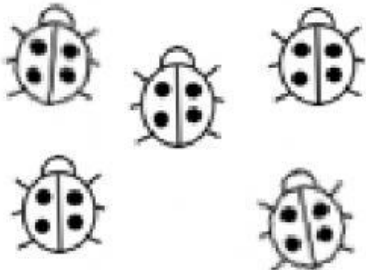
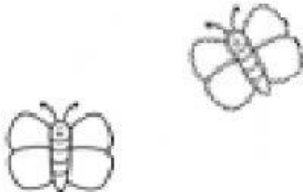
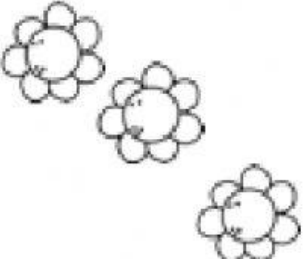
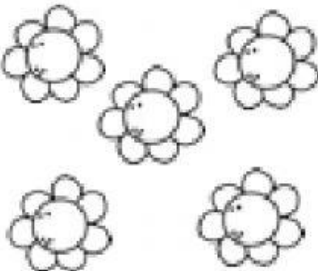
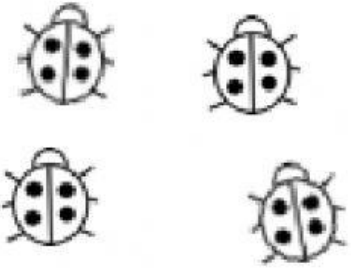
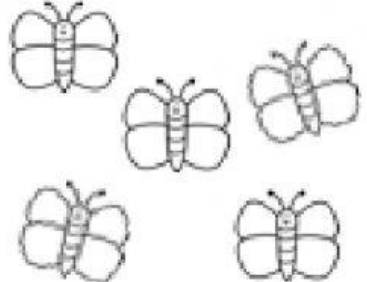
Name \_\_\_\_\_



# How Many?



Count. Write the number.

|                                                                                                             |                                                                                                             |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <br><input type="text"/>   | <br><input type="text"/>   | <br><input type="text"/>   |
| <br><input type="text"/> | <br><input type="text"/> | <br><input type="text"/>  |
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