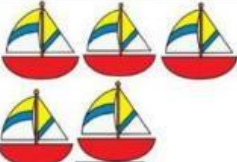
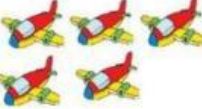


Nama: \_\_\_\_\_

Tarikh: \_\_\_\_\_

Selesaikan operasi campur di bawah dengan jawapan yang betul

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

|                                                                                     |   |                                                                                      |   |    |
|-------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------|---|----|
|   | + |   | = | 7  |
|   | + |   | = | 8  |
|   | + |   | = | 10 |
|    | + |   | = | 6  |
|  | + |  | = | 9  |