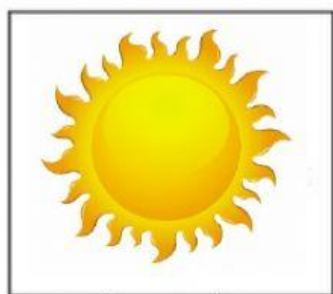


Nama : _____

Tarikh : _____

Tandakan **C** jika sumber cahaya.

Tandakan **X** jika bukan sumber cahaya.

☐☐☐☐☐☐☐☐