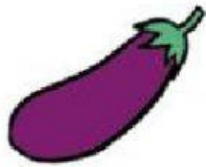


Nama:.....

Tarikh:.....

Tick for the correct answer.



cabbage	<input type="checkbox"/>
eggplant	<input type="checkbox"/>



carrot	<input type="checkbox"/>
cucumber	<input type="checkbox"/>



lettuce	<input type="checkbox"/>
carrot	<input type="checkbox"/>



broccoli	<input type="checkbox"/>
cabbage	<input type="checkbox"/>



cucumber	<input type="checkbox"/>
pepper	<input type="checkbox"/>



onion	<input type="checkbox"/>
potato	<input type="checkbox"/>



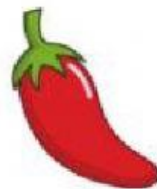
potato	<input type="checkbox"/>
broccoli	<input type="checkbox"/>



onion	<input type="checkbox"/>
eggplant	<input type="checkbox"/>



lettuce	<input type="checkbox"/>
tomato	<input type="checkbox"/>



pepper	<input type="checkbox"/>
cabbage	<input type="checkbox"/>

Nama:.....

Tarikh:.....

Write the correct answer.



tomato

carrot

pepper

broccoli

onion

cucumber

lettuce

potato

cabbage

eggplant