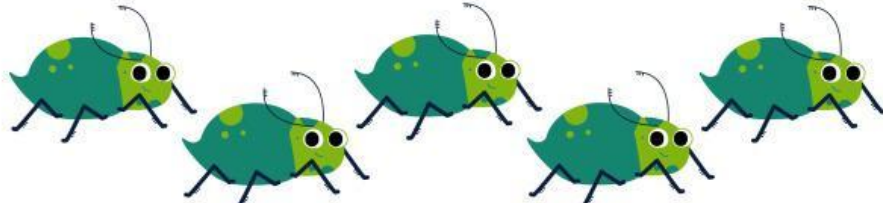
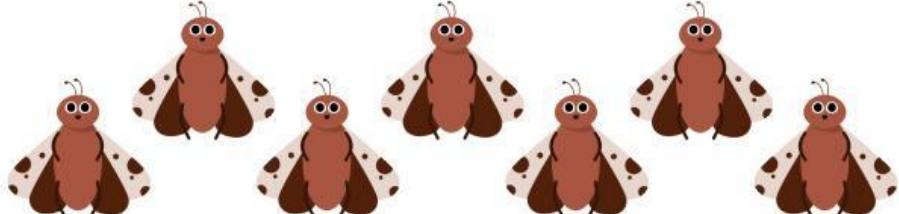
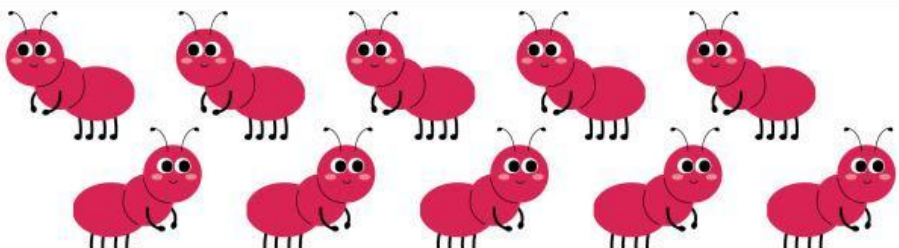


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# How many?

Count the bugs and write the numbers (1-10) in the boxes.

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