

ชื่อ..... คะแนน.....

# ชุดที่ 3



| X   | -1 | -3 | -5 | -7 | -9 |
|-----|----|----|----|----|----|
| -2  |    |    |    |    |    |
| -4  |    |    |    |    |    |
| -6  |    |    |    |    |    |
| -8  |    |    |    |    |    |
| -10 |    |    |    |    |    |

