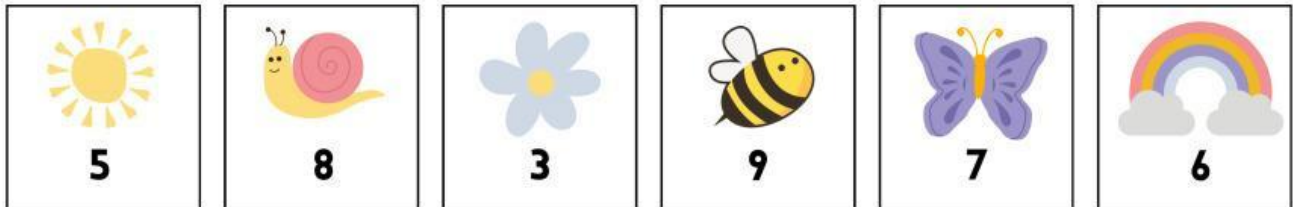


Nama _____

UJI MINDA

Arahan : Selesaikan operasi darab di bawah



- | | |
|---|---|
| 1.  ×  = <input type="text"/> | 9.  ×  = <input type="text"/> |
| 2.  ×  = <input type="text"/> | 10.  ×  = <input type="text"/> |
| 3.  ×  = <input type="text"/> | 11.  ×  = <input type="text"/> |
| 4.  ×  = <input type="text"/> | 12.  ×  = <input type="text"/> |
| 5.  ×  = <input type="text"/> | 13.  ×  = <input type="text"/> |
| 6.  ×  = <input type="text"/> | 14.  ×  = <input type="text"/> |
| 7.  ×  = <input type="text"/> | 15.  ×  = <input type="text"/> |
| 8.  ×  = <input type="text"/> | 16.  ×  = <input type="text"/> |