

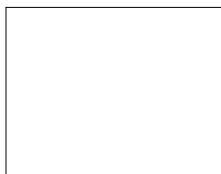
**ANSWER FORM – Mixed Practice Solutions**

Show all necessary work.  
Please be neat.

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

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

Lesson/Problem Set #: \_\_\_\_\_



1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.

16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.