



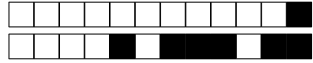
Question 1 ♣ My question 1

- A R4
- B R2
- C R3
- D R1

Question 2 ♣ My question 2

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> A R4 | <input type="checkbox"/> C R1 |
| <input type="checkbox"/> B R3 | <input type="checkbox"/> D R2 |

PROJET



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Answer sheet:

Id number:

Answers must be given exclusively on this sheet: answers given on the other sheets will be ignored.

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Question 1 : A B C D

Question 2 : A B C D

← Fill with your id number

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