

1	(1)	$\frac{3}{2}$
	(2)	$\frac{4}{3}$
	(3)	$\frac{1}{2}$
	(4)	$\frac{2}{5}$
	(5)	$\frac{23}{4}$
	(6)	-2
	(7)	17
	(8)	$17x - 31$
	(9)	-0.6
	(10)	$\frac{14x - 19}{8}$

2	(11)	1.2 (kg)
	(12)	42000 (m)
	(13)	$0.5 \text{ (m}^2\text{)}$
3	(14)	$9 : 8$
	(15)	$4 : 9$
4	(16)	5
	(17)	-3
5	(18)	$(x=) 9$
	(19)	$(x=) 2$
	(20)	$(x=) 3$

Please fill in the box below.

Put your sticker for Section 1
with the bar code here.

Name		Examinee Number	
Gender (Check the appropriate box)		Age	
Male <input type="checkbox"/> Female <input type="checkbox"/>			
Date of Birth (year)		(month)	(day)
Address			
		/ 30	

6	(21)	$33x + 6y$
	(22)	$\frac{-5x - y}{18}$
7	(23)	$(x =) 5, (y =) -2$
	(24)	$(x =) -3, (y =) 2$
8	(25)	$48x^3y^2$
	(26)	$\frac{15x^2y}{2}$
9	(27)	$(c =) \frac{2a - b}{5}$
	(28)	$(a =) -6$
	(29)	1440 (degrees)
	(30)	$(\angle x =) 65$ (degrees)