

1	(1)	6
	(2)	28
	(3)	17
	(4)	$-\frac{5}{2}$
	(5)	$4\sqrt{5}$
	(6)	19
	(7)	$17x - 13$
	(8)	$0.6x + 2.7$
	(9)	$10x - 37y$
	(10)	$\frac{5x - 4y}{24}$

1	(11)	$-45x^4y^3$
	(12)	$\frac{1}{2}x^2y^3$
2	(13)	$2x^2 + 11x - 6$
	(14)	$-6x + 25$
3	(15)	$(x + 7)(x - 4)$
	(16)	$a(x + 6)^2$
4	(17)	$(x =) \quad 6$
	(18)	$(x =) \quad -4$
	(19)	$(x =) \quad \pm 4\sqrt{2}$
	(20)	$(x =) \quad \frac{7 \pm \sqrt{17}}{4}$

Please fill in the box.(the bold part is mandatory)

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

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

5	(21)	$(x =) - 3$, $(y =) 5$
	(22)	$(x =) 8$, $(y =) 7$
6	(23)	$(y =) \frac{36}{x}$
	(24)	5 (cm)
	(25)	$(b =) 2a - c$
	(26)	$(\angle x =) 42$ (degrees)
	(27)	140 (degrees)
	(28)	$\frac{1}{8}$
	(29)	$(y =) 32$
	(30)	$(\angle x =) 62$ (degrees)