

1	(1)	13.408
	(2)	8.7
	(3)	$\frac{3}{5}$
	(4)	$\frac{11}{24}$
	(5)	$\frac{6}{25}$
	(6)	$\frac{3}{4}$
	(7)	$\frac{2}{3}$
	(8)	7
	(9)	-11
	(10)	4

1	(11)	$9x - 13$
	(12)	$2.9x - 4$
2	(13)	8
	(14)	15
3	(15)	60
	(16)	420
4	(17)	3 : 5
	(18)	18 : 25
5	(19)	8
	(20)	16

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

6	(21)	$(x =)$	2
	(22)	$(x =)$	-19
7	(23)		84.8 (g)
	(24)		8
	(25)		②
	(26)		4.5
	(27)		-3
	(28)	$(y =)$	-15
	(29)	$(y =)$	$\frac{40}{x}$
	(30)		AC \perp BC