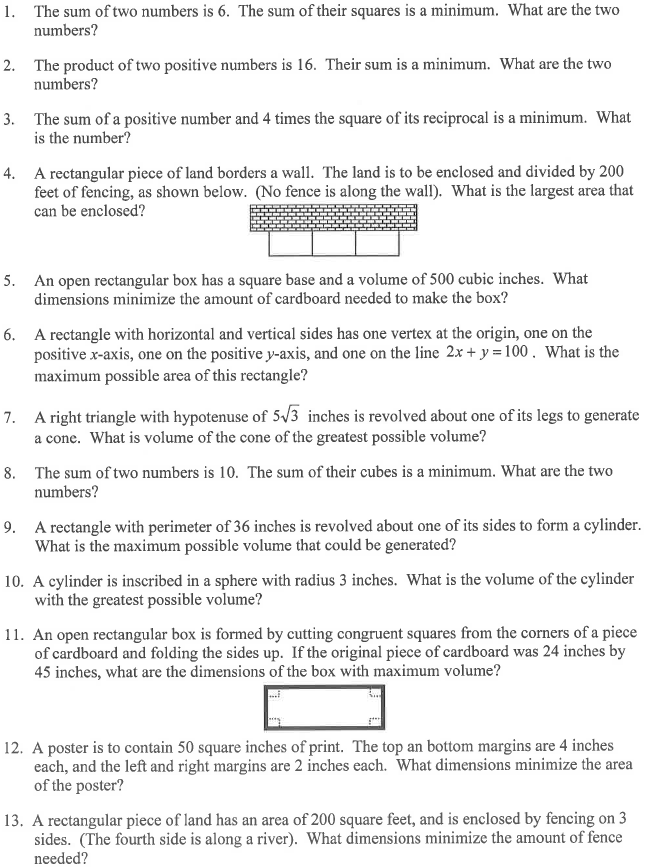
Math 4 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5-7 Practice** Date\_\_\_\_\_\_\_\_

**SHOW WORK ON ANOTHER SHEET OF PAPER. Problems marked with an \* are challenging.**

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