



Student's name \_\_\_\_\_ code \_\_\_\_\_

**VARIANT 3**

**READING TEST 10<sup>th</sup> FORM**

**Answer-sheet**

**part 1**

#	1	2	3	4	5	6	7
answer							

**part 2**

#	8	9	10	11	12
answer					

**part 3**

#	13	14	15	16	17	18	19	20	21	22	23	24	25
answer													

Total \_\_\_\_\_

