

NOM ET PRÉNOM :

NOTE :

APPRÉCIATION :

Pour chaque question, colorier, au **crayon à papier**, la/les case(s) correspondant à la bonne réponse.

Attention, ce n'est pas parce que le DS est sous forme de QCM qu'il est plus facile ou plus rapide. Prenez le temps de faire vos calculs avant d'entourer vos réponses sur **ce document**.

Une ou plusieurs bonnes réponses sont possibles.

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| 6. | <input type="radio"/> A | <input type="radio"/> B | <input checked="" type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | 16. | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input checked="" type="radio"/> E |
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| 9. | <input type="radio"/> A | <input checked="" type="radio"/> B | <input checked="" type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E | 19. | <input type="radio"/> A | <input type="radio"/> B | <input checked="" type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
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