










Name _____ Date _____

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|  |  |  |  | |

1 2 3 4 5 6 7 8 9 10

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
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Draw the same number of objects in this box.