

# MINHA ATIVIDADE

NOME: \_\_\_\_\_

DATA: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



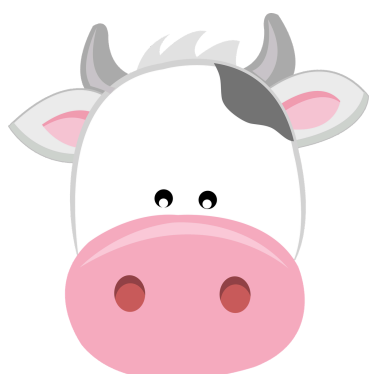
## MARQUE UM X NA SOMBRA QUE CORRESPONDE A FIGURA.



|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
|                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |