

전문가

이름: _____

날짜: _____

	9										1			
				0					A			8	5	F
					8		5		3		2			
	A			D				5					2	
						A								1
												B		
A		3	5						1		B			7
B			7				1		8	F		3		
8		E												
	7				F				5		1	6	D	0
	5			6					F			9		
6	3								9			2		
						0					9			2
	C											F	6	D
			9	4								E		
			D			5				3		7		



D					F			C							
	0	9		E	2					A			D		
	F							D					3		
								4				F	6	0	
			E					9						C	
	3					6							B		2
		A					9					E			8
		C		2							E			9	
		D					C						E		
			6		8	0	1	2				3			
8	1								3				5		
		2	F				4	E				0			6
F															0
	4				5				7			1			
		8			6	F				4					
										C					



