

전문가

이름: _____

날짜: _____

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



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



