

**ARKUSZ ODPOWIEDZI – WARIANT**

Kod kandydata:

Liczba punktów:

**Zadanie 2:**

Nie pisać w tej kolumnie

11.		DESCRIBE
12.		NOVEL
13.		ADVICE
14.		COMPLICATED
15.		REPLACE
16.		DAMAGE
17.		PROFIT
18.		FARE
19.		CURE
20.		REJECT
21.		BLIND
22.		ANCIENT
23.		COLLEAGUES
24.		EXCHANGE
25.		GUESS
26.		MANAGED
27.		OFFERED
28.		UPSTAIRS
29.		ENVIRONMENT
30.		SUFFERING

**Zadanie 3:**

Nie pisać w tej kolumnie

31.		EMPLOYEES
32.		REALISTIC
33.		ACHIEVEMENTS
34.		POSSIBLY
35.		FUNNY
36.		JUSTIFY
37.		ENDANGERED
38.		IMPRESSIVE
39.		COMPLAINT
40.		INTRODUCTION
41.		INFLUENTIAL
42.		LENGTH
43.		COMPARISON
44.		PEACEFUL
45.		DISAPPROVE

**Zadanie 1:**

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

**Zadanie 4:**

Nie pisać w tej kolumnie

46.		IF I HAD
47.		USUALLY / OFTEN GOES / TRAVELS TO
48.		AS FAST AS
49.		THE FIRST
50.		ARE TWO BEDROOMS
51.		TO CHECK
52.		COULDN'T / DIDN'T
53.		DO YOU
54.		IN MY
55.		WHO IS
56.		USUALLY PREPARES
57.		YOU LOOK AT
58.		DIFFICULT FOR
59.		TO KEEP FIT
60.		ON

**Zadanie 5:**

Nie pisać w tej kolumnie

61.		THEIR
62.		OF
63.		WITH
64.		SUCCEEDED
65.		EVER
66.		WHICH
67.		ON
68.		LIKE
69.		SO
70.		HOW
71.		FOR
72.		OURSELVES
73.		EACH
74.		FROM
75.		NO
76.		BUT
77.		UNDER
78.		MUCH
79.		WELL
80.		BECAUSE

**Zadanie 6:**

81.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
82.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
83.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
84.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
85.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
86.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D
87.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
88.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
89.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
90.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
91.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
92.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> D
93.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
94.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
95.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
96.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
97.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D
98.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
99.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
100.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

	Punkty:	Podpis:
Spraw. 1:		
Spraw. 2:		

	15
--	----

	20
--	----

	20
--	----