

Name :

Date :

NUMBER PRACTICE

Fill in the blank box below with the correct number

1	2		4	5	6	7		9	10
11	12	13	14	15		17	18	19	20
	22	23		25	26	27	28	29	30
31		33	34	35	36	37		39	40
	42	43		45	46	47	48	49	50
51	52	53	54	55		57	58	59	
61		63	64	65	66	67		69	70
71	72	73		75	76		78	79	80
81	82	83		85	86	87	88		90
	92	93	94		96	97		99	100