

Name : _____

Score : _____

Teacher : _____

Date : _____

Complete the Number Series

65 , 66 , _____ , 68 , _____ , _____ , _____ , _____

_____ , _____ , 69 , _____ , 71 , _____ , 73 , _____

69 , _____ , 71 , _____ , 73 , _____ , _____ , _____

70 , 71 , _____ , _____ , _____ , _____ , 76 , _____

_____ , _____ , 65 , 66 , _____ , _____ , 69 , _____

72 , _____ , _____ , _____ , 76 , _____ , _____ , 79

71 , _____ , 73 , _____ , _____ , _____ , 77 , _____

64 , 65 , _____ , 67 , _____ , _____ , _____ , _____

66 , 67 , _____ , 69 , _____ , _____ , _____ , _____

_____ , _____ , _____ , 71 , 72 , 73 , _____ , _____

