Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**More, Less, Same**

**Fill in the missing number.**

**5**

**3**

**2**

**5**

**2**

**\_\_\_\_\_\_\_\_\_**



**4**

**3**

**\_\_\_\_\_\_\_\_\_**

**4**

**\_\_\_\_\_\_\_\_\_**

**6**

**4**

**6**



**\_\_\_\_\_\_\_\_\_**

**6**

**Challenge**



**\_\_\_\_\_\_\_\_\_**



**2**

**4**

**\_\_\_\_\_\_\_\_\_**

**1**

**\_\_\_\_\_\_\_\_\_**

**Challenge**

**\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_**



**\_\_\_\_\_\_\_\_\_**