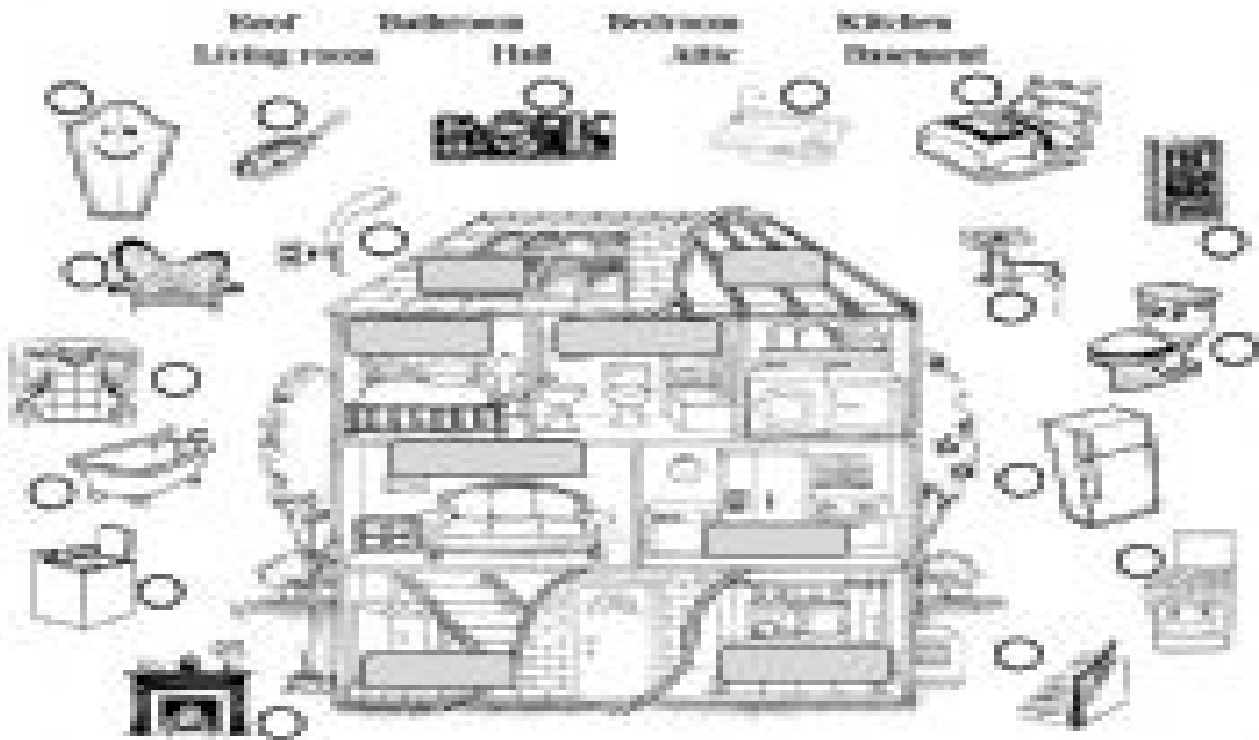


Name: _____
 Date: _____

To remember... House

1. Fill



L - Lamp
 S - Sofa
 B - Bed
 T - Table
 C - Chair

H - Hall
 W - Washbasin
 B - Bed
 S - Shower
 W - Window

K - Kitchen
 C - Chair
 B - Bed
 S - Sofa
 W - Window