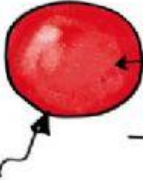




Name: _____

Date: _____

Label and color each item below:

SOLID	LIQUID	GAS
 _____	 _____	 _____
 _____	 _____	 _____
 _____	 _____	 _____

smoke
oil
pale
clouds
water
ball
air
milk
book