Listening test

Name : _____ Date : _____

1 Listen and number.

A - .....

B - .....

C - .....

D - .....

E - .....

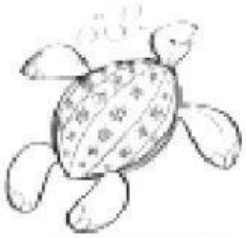
F - .....

G - .....

H - .....

I - .....

J - .....



K - .....

L - .....