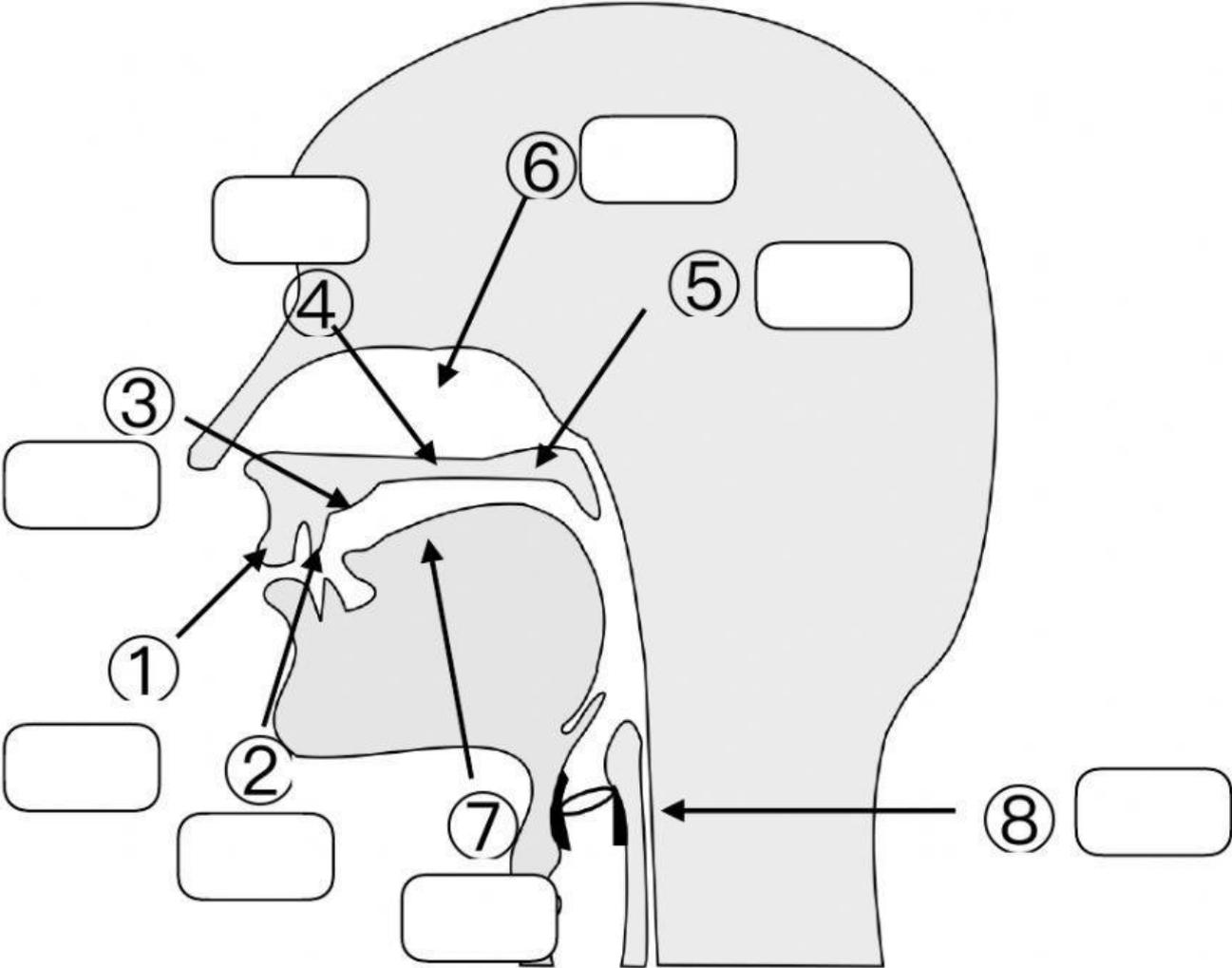


Name: Class: No.:

Drag to the correct numbers.



Labial

Palatal

Glottal

Nasal

Dental

Alveolar

Velar

Tongue