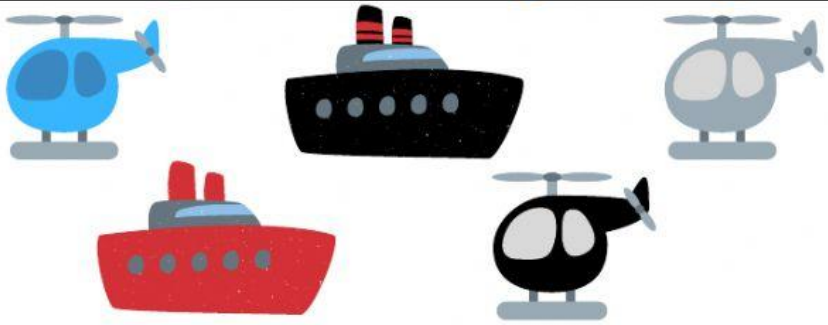
Transportation

Name: Date:

Listen and put the checklist on the picture

1		
2		
3		
4		
5		

LIVEWORKSHEETS