

Name: _____

Date: _____

MY HOUSE

l r i a h c l b l h
m g v k r d i a c k
t e l i o t v t m i
l b a t m b i h e t
g m l l o g n r l c
d n v r o a g o b h
d d e b r r r o a e
c t l b d d o m t n
a o a v e e o g l r
b e v h b n m k h l

GARDEN BED TOILET CHAIR KITCHEN BEDROOM
LIVING ROOM BATHROOM TABLE