

Name _____ Date _____

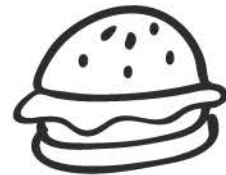
Liquid
Circle all the liquids



Milk



Water



Sandwich



Key



Banana



Ice-cream



Smoke



Honey



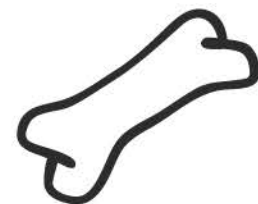
Juice



Paint



Vapor



Bone