Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Underline: ᐱ ᐳ ᐸ.

ᔨ

ᓱ

ᐸ

ᐸ

ᐸ

ᐸ

ᐳ

ᐳ

ᐳ

ᐳ

ᐱ

ᐱ

ᐱ

ᐱ

ᐸ

ᑎ

ᖑ

ᐱ

ᕗ

ᐱ

ᖏ

ᒧ

ᐳ

ᒍ

ᑲ

L

ᓯ

ᐱ

ᐊ

J

ᐃ

ᖁ

ᓱ

ᓴ

ᐳ

ᑎ

ᐅ

ᑐ

ᓗ

ᐳ

ᑐ

ᐱ

ᑭ

ᕕ

ᓚ

ᑲ

ᐳ

ᐸ