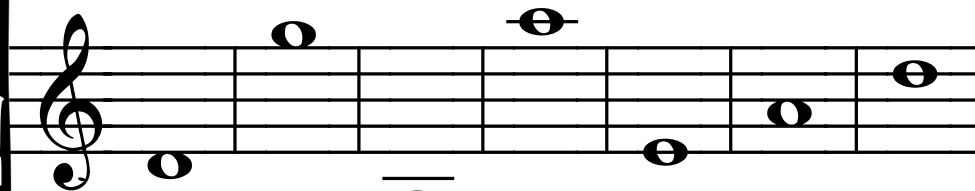
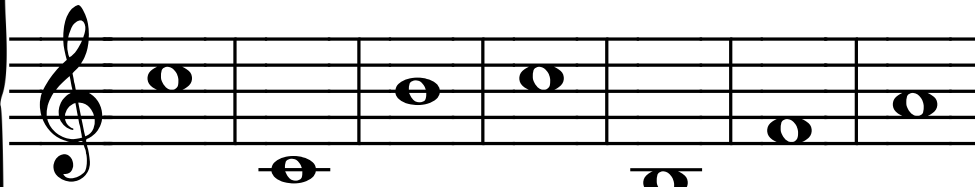


Write the letter name and finger number in the blank.



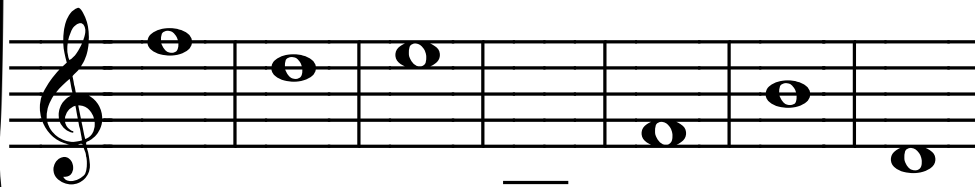
Letter: \_\_\_\_\_

Finger: \_\_\_\_\_



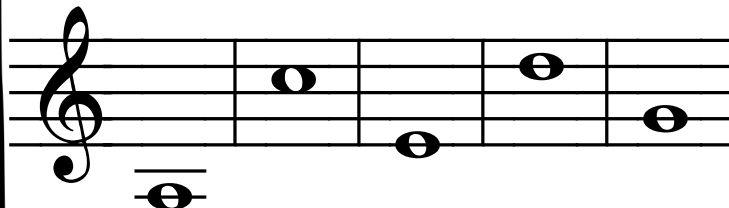
Letter: \_\_\_\_\_

Finger: \_\_\_\_\_



Letter: \_\_\_\_\_

Finger: \_\_\_\_\_



Letter: \_\_\_\_\_

Finger: \_\_\_\_\_

