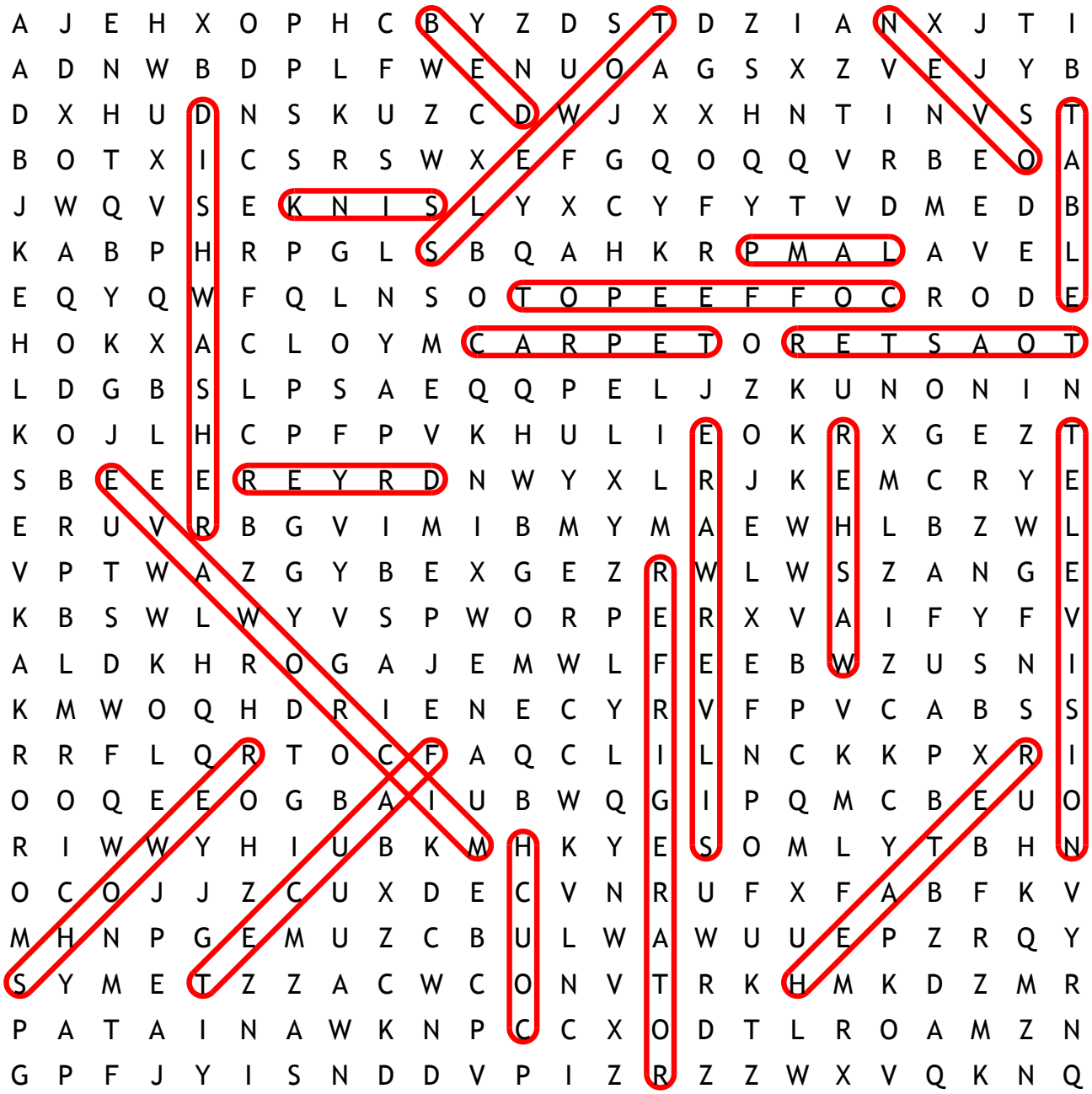
Name: _____ Date: _____

Items In a House



Refrigerator
Coffeepot
Heater
Faucet
Sink

Television
Microwave
Carpet
Dryer
Lamp

Silverware
Toaster
Towels
Table
Oven

Dishwasher
Washer
Shower
Couch
Bed