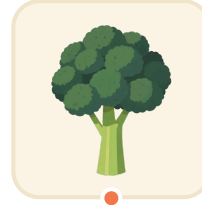
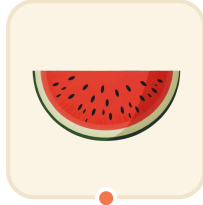
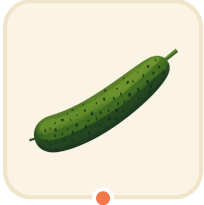


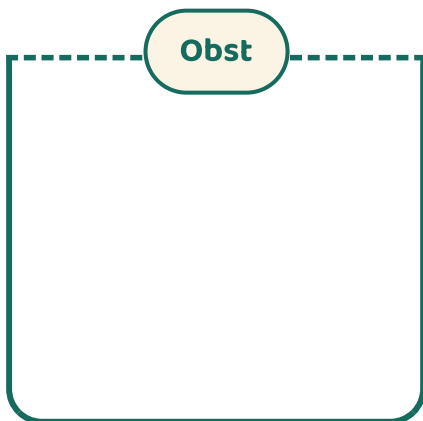
Obst und Gemüse

Name: _____ Datum: _____

★ Verbinde jedes Lebensmittel mit der Gruppe, zu der es gehört.



Obst



Gemüse

