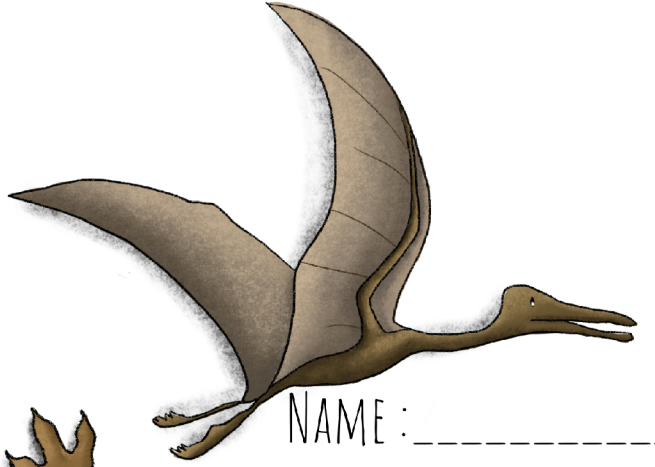
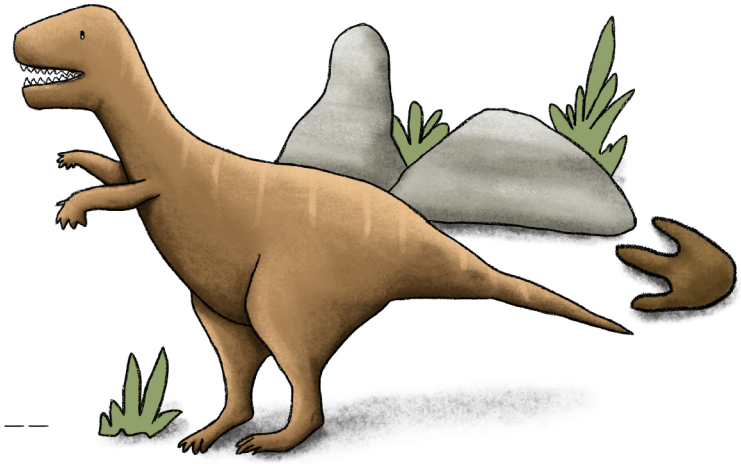
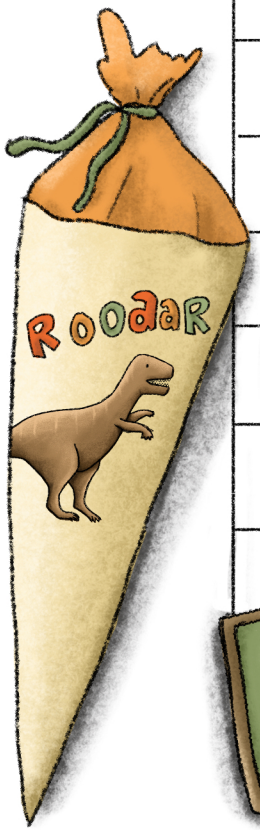
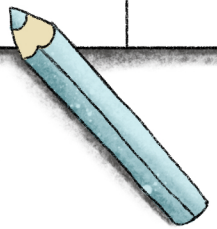


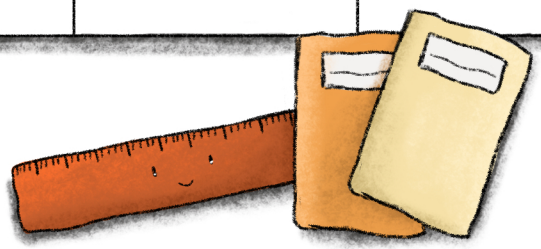


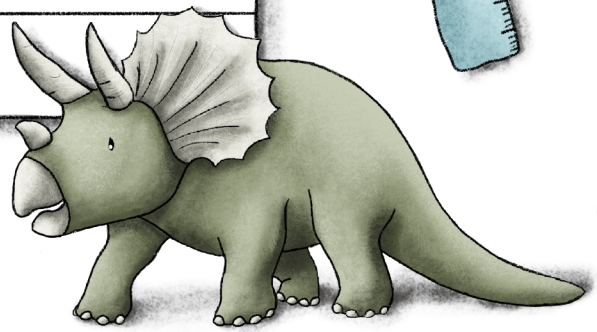
NAME : _____ KLASSE : ____

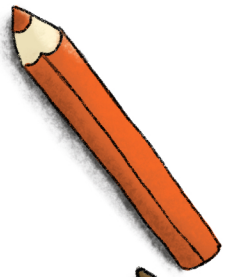
ZEIT	MONTAG	DIENSTAG	MITTWOCH	DONNERSTAG	FREITAG











Name : _____ Klasse : ____

Zeit	Montag	Dienstag	Mittwoch	Donnerstag	Freitag