Every Breath You Take

| 1. | Noun |
|-----|----------------------------|
| 2. | Verb - Base Form |
| 3. | Noun |
| 4. | Verb - Base Form |
| 5. | Noun |
| 6. | Verb - Base Form |
| 7. | Noun |
| 8. | Verb - Base Form |
| 9. | Verb - Present Ends In Ing |
| 10. | Noun |
| 11. | Verb - Base Form |
| 12. | Noun |
| 13. | Verb - Base Form |
| 14. | Noun |
| 15. | Verb - Base Form |
| 16. | Verb - Present Ends In Ing |
| 17. | Verb - Base Form |
| 18. | Person |
| 19. | Body Part |
| 20. | Noun |
| 21. | Verb- Perfect Tense |
| 22. | Noun |
| 23. | Verb - Base Form |

| 24. | Body Part |
|-----|----------------------------|
| 25. | Person |
| 26. | Adjective |
| 27. | Noun |
| 28. | Verb - Present Ends In Ing |

Every Breath You Take

| Every _ | Noun | _ you | Verb - Base Form | | | | | |
|-------------------------------|------------------|----------------|---------------------|-----------|------|--|--|--|
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| I'll be _ | Verb - Presei | nt ends in ING | you | | | | | |
| | | | | | | | | |
| Every | Every single day | | | | | | | |
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| Every _ | Noun | _ you | Verb - Base Form | | | | | |
| I'll be _ | Verb - Preser | nt ends in ING | you | | | | | |
| | | | | | | | | |
| Oh can't you Verb - Base Form | | | | | | | | |
| You be | elong to | Person | _ | | | | | |
| How m | ny poor | Body Part | aches | | | | | |
| With every you take | | | | | | | | |
| | | | | | | | | |
| Since y | ou've gone I' | ve been _ | Verb- Perfect Tense | without a | Noun | | | |

| Verb - Base Form | at night, I can only see your | Body Part |
|--------------------------|-------------------------------|-----------|
| I look around but it's _ | Person I can't replace | |
| I feel soAdjective | and I long for yourNoun_ | |
| I keep Verb - Present of | baby, baby please | |

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