

Name: \_\_\_\_\_ Section: \_\_\_\_\_ Date: \_\_\_\_\_

Choose the correct suffix to complete the given word.

|                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|    | <p>develop_____</p> <div data-bbox="1061 412 1246 530">ful</div> <div data-bbox="1265 412 1442 530">ment</div>  |
|    | <p>fear_____</p> <div data-bbox="1067 723 1244 842">ful</div> <div data-bbox="1265 723 1449 842">ment</div>     |
|   | <p>pay_____</p> <div data-bbox="1059 1003 1235 1122">ful</div> <div data-bbox="1257 1003 1441 1122">ment</div>  |
|  | <p>pain_____</p> <div data-bbox="1058 1328 1233 1447">ful</div> <div data-bbox="1256 1328 1439 1447">ment</div> |
|  | <p>move_____</p> <div data-bbox="1054 1686 1230 1805">ful</div> <div data-bbox="1252 1686 1436 1805">ment</div> |



help\_\_\_\_\_

ful

ment



enjoy\_\_\_\_\_

ful

ment



thank\_\_\_\_\_

ful

ment



color\_\_\_\_\_

ful

ment



treat\_\_\_\_\_

ful

ment