



TODAY:	
PRIORITY	IMPORTANT
	
SCHEDULE	TO DO LIST
8	<input type="checkbox"/>
	<input type="checkbox"/>
9	<input type="checkbox"/>
	<input type="checkbox"/>
10	<input type="checkbox"/>
	<input type="checkbox"/>
11	<input type="checkbox"/>
	<input type="checkbox"/>
12	<input type="checkbox"/>
	<input type="checkbox"/>
1	<input type="checkbox"/>
	<input type="checkbox"/>
2	<input type="checkbox"/>
	<input type="checkbox"/>
3	NOTES
4	
5	
6	

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SCHEDULE

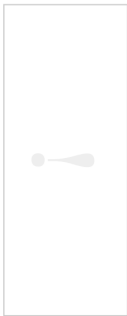
TO DO LIST

8	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
9	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
10	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
11	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
12	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
1	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
3	_____	NOTES	
	_____	_____	
4	_____	_____	
	_____	_____	
5	_____	_____	
	_____	_____	
6	_____	_____	
	_____	_____	

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	_____	_____	<input type="checkbox"/>
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	_____	_____	<input type="checkbox"/>
3	_____	NOTES	
	_____	_____	
4	_____	_____	
	_____	_____	
5	_____	_____	
	_____	_____	
6	_____	_____	
	_____	_____	