



**THINGS TO DO TODAY**

Date: \_\_\_\_\_

1	_____	<input type="checkbox"/>
2	_____	<input type="checkbox"/>
3	_____	<input type="checkbox"/>
4	_____	<input type="checkbox"/>
5	_____	<input type="checkbox"/>
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7	_____	<input type="checkbox"/>
8	_____	<input type="checkbox"/>
9	_____	<input type="checkbox"/>
10	_____	<input type="checkbox"/>

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