

TASK: _____

DETAILS

<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____
<input type="checkbox"/>	_____	Deadline: _____

ADDITIONAL NOTES
