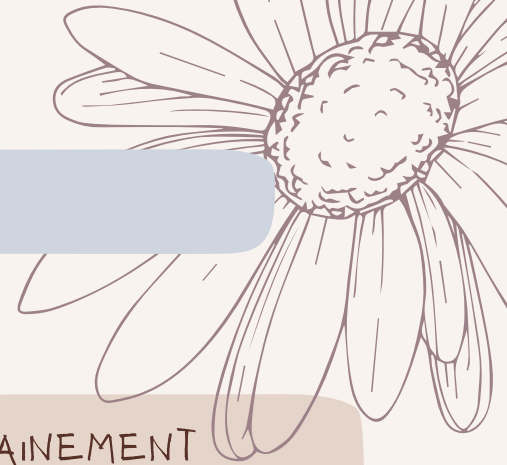


TO DO LIST

DATE:



URGENT

- _____
- _____
- _____
- _____
- _____
- _____
- _____

CERTAINEMENT

- _____
- _____
- _____
- _____
- _____
- _____
- _____

SI POSSIBLE

- _____
- _____
- _____
- _____
- _____
- _____
- _____

SI J'AI LE TEMPS

- _____
- _____
- _____
- _____
- _____
- _____
- _____

