

to-do LIST

M T W T F S S / / 20.....

10 MINUTE TASKS

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

MAIN TASKS

STARTED

COMPLETED

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

TASKS FOR TOMORROW

TASKS FOR LATER THIS WEEK

