

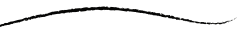

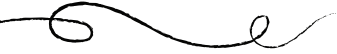




I BRUSHED MY TEETH!

		<i>morning</i>	<i>night</i>
MONDAY		<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY		<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY		<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY		<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY		<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY		<input type="checkbox"/>	<input type="checkbox"/>
SUNDAY		<input type="checkbox"/>	<input type="checkbox"/>