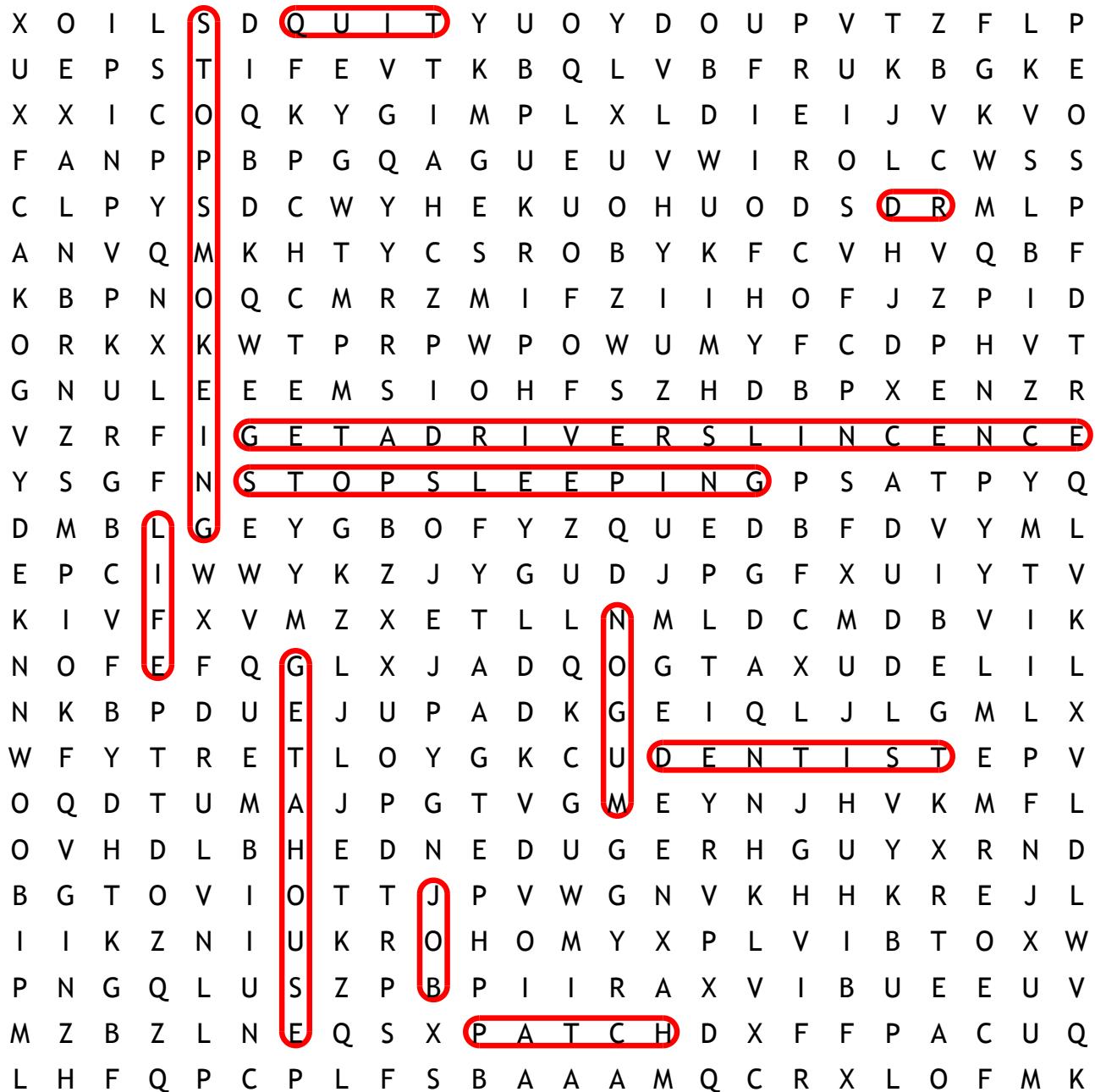


Name: \_\_\_\_\_

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

# Mary



- |                       |               |               |
|-----------------------|---------------|---------------|
| Get adrivers lincence | Stop sleeping | Stop smokeing |
| get a house           | Dentist       | No gum        |
| Patch                 | Life          | Quit          |
| Job                   | DR            |               |