

# Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when  the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or  the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

## I. TYPE OF MORTGAGE AND TERMS OF LOAN

<b>Mortgage Applied for:</b>	<input type="checkbox"/> VA	<input type="checkbox"/> Conventional	<input type="checkbox"/> Other (explain):	Agency Case Number	Lender Case Number
	<input type="checkbox"/> FHA	<input type="checkbox"/> USDA/Rural Housing Service			
Amount \$	Interest Rate %	No. of Months	<b>Amortization Type:</b>	<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Other (explain):
			<input type="checkbox"/> GPM	<input type="checkbox"/> ARM (type):	

## II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state, & ZIP)	No. of Units
Legal Description of Subject Property (attach description if necessary)	Year Built
Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain):	Property will be:
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment

**Complete this line if construction or construction-permanent loan.**

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a+b)
	\$	\$	\$	\$	\$

**Complete this line if this is a refinance loan.**

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements	<input type="checkbox"/> made <input type="checkbox"/> to be made
	\$	\$		Cost: \$	

Title will be held in what Name(s)	Manner in which Title will be held	Estate will be held in:
Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)		<input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)

## III. BORROWER INFORMATION

Borrower	Co-Borrower
Borrower's Name (include Jr. or Sr. if applicable)	Co-Borrower's Name (include Jr. or Sr. if applicable)
Social Security Number	Social Security Number
Home Phone (incl. area code)	Home Phone (incl. area code)
DOB (mm/dd/yyyy)	DOB (mm/dd/yyyy)
Yrs. School	Yrs. School
<input type="checkbox"/> Married (includes registered domestic partners)	<input type="checkbox"/> Married (includes registered domestic partners)
<input type="checkbox"/> Unmarried (includes single, divorced, widowed)	<input type="checkbox"/> Unmarried (includes single, divorced, widowed)
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
Dependents (not listed by Co-Borrower)	Dependents (not listed by Borrower)
No. _____	No. _____
Ages _____	Ages _____
Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
Mailing Address, if different from Present Address	Mailing Address, if different from Present Address

**If residing at present address for less than two years, complete the following:**

Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.

Borrower		IV. EMPLOYMENT INFORMATION		Co-Borrower		
Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job		Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job
		Yrs. employed in this line of work/profession				Yrs. employed in this line of work/profession
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)

**If employed in current position for less than two years or if currently employed in more than one position, complete the following:**

Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)		Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
		Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)		Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
		Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)		Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
		Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)		Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
		Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)		Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
		Monthly Income \$				Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)		Position/Title/Type of Business		Business Phone (incl. area code)

**V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	
Overtime				First Mortgage (P&I)		\$
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		
				Other:		
Total	\$	\$	\$	Total	\$	\$

\* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

**Describe Other Income**      **Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C	Monthly Amount
	\$



VII. DETAILS OF TRANSACTION	VIII. DECLARATIONS
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Purchase price</td><td style="text-align: center;">\$</td></tr> <tr><td>b. Alterations, improvements, repairs</td><td></td></tr> <tr><td>c. Land (if acquired separately)</td><td></td></tr> <tr><td>d. Refinance (incl. debts to be paid off)</td><td></td></tr> <tr><td>e. Estimated prepaid items</td><td></td></tr> <tr><td>f. Estimated closing costs</td><td></td></tr> <tr><td>g. PMI, MIP, Funding Fee</td><td></td></tr> <tr><td>h. Discount (if Borrower will pay)</td><td></td></tr> <tr><td>i. Total costs (add items a through h)</td><td></td></tr> <tr><td>j. Subordinate financing</td><td></td></tr> <tr><td>k. Borrower's closing costs paid by Seller</td><td></td></tr> <tr><td>l. Other Credits (explain)</td><td></td></tr> <tr><td>m. Loan amount (exclude PMI, MIP, Funding Fee financed)</td><td></td></tr> <tr><td>n. PMI, MIP, Funding Fee financed</td><td></td></tr> <tr><td>o. Loan amount (add m &amp; n)</td><td></td></tr> <tr><td>p. Cash from/to Borrower (subtract j, k, l &amp; o from i)</td><td></td></tr> </table> | a. Purchase price        | \$                       | b. Alterations, improvements, repairs |  | c. Land (if acquired separately) |  | d. Refinance (incl. debts to be paid off) |  | e. Estimated prepaid items |  | f. Estimated closing costs |  | g. PMI, MIP, Funding Fee |  | h. Discount (if Borrower will pay) |  | i. Total costs (add items a through h) |  | j. Subordinate financing |  | k. Borrower's closing costs paid by Seller |  | l. Other Credits (explain) |  | m. Loan amount (exclude PMI, MIP, Funding Fee financed) |  | n. PMI, MIP, Funding Fee financed |  | o. Loan amount (add m & n) |  | p. Cash from/to Borrower (subtract j, k, l & o from i) |  | <p><b>If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.</b></p> <p>a. Are there any outstanding judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Have you been declared bankrupt within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Are you a party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?<br/> <small>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action.)</small></p> <p>f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?<br/> <small>If "Yes," give details as described in the preceding question.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h. Is any part of the down payment borrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i. Are you a co-maker or endorser on a note? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-----</p> <p>j. Are you a U. S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>k. Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>l. Do you intend to occupy the property as your primary residence?</b><br/> <small>If "Yes," complete question m below.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>m. Have you had an ownership interest in a property in the last three years?<br/>         (1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)? _____<br/>         (2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? _____</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Borrower</th> <th colspan="2" style="text-align: center;">Co-Borrower</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td 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| b. Alterations, improvements, repairs   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| c. Land (if acquired separately)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| d. Refinance (incl. debts to be paid off)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| e. Estimated prepaid items  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| f. Estimated closing costs  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| g. PMI, MIP, Funding Fee  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| h. Discount (if Borrower will pay)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| i. Total costs (add items a through h)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| j. Subordinate financing  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| k. Borrower's closing costs paid by Seller  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| l. Other Credits (explain)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| m. Loan amount (exclude PMI, MIP, Funding Fee financed)   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| n. PMI, MIP, Funding Fee financed   |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| o. Loan amount (add m & n)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| p. Cash from/to Borrower (subtract j, k, l & o from i)  |                          |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| Borrower  |                          | Co-Borrower              |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <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"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |  |   
   
   
   
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