

# 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   | Cost: \$ |
|---------------|---------------|-----------------------|----------------------|---|----------|
|               | \$            | \$                    |                      | <input type="checkbox"/> made <input type="checkbox"/> to be made |          |

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

| Borrower  | Co-Borrower                            |   |  |
|---|--|---|--|
| <b>III. BORROWER INFORMATION</b>  |  |   |  |
| Borrower's Name (include Jr. or Sr. if applicable)  |  | Co-Borrower's Name (include Jr. or Sr. if applicable)   |  |
| Social Security Number  | Home Phone (incl. area code)           | DOB (mm/dd/yyyy)  | Yrs. School  |
| <input type="checkbox"/> Married (includes registered domestic partners)  | Dependents (not listed by Co-Borrower) |   | <input type="checkbox"/> Married (includes registered domestic partners) |
| <input type="checkbox"/> Unmarried (includes single, divorced, widowed)   | No. _____                              |   | <input type="checkbox"/> Unmarried (includes single, divorced, widowed)  |
| <input type="checkbox"/> Separated  | Ages _____                             |   | <input type="checkbox"/> Separated                                       |
| 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. |  |
| / United States   |  | / United States   |  |
| Mailing Address, if different from Present Address  |  | Mailing Address, if different from Present Address  |  |
| <b>If residing at present address for less than two years, complete the following:</b>                                      |  |   |  |
| 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:                           |           |           |
| <b>Total</b>  | <b>\$</b> | <b>\$</b>   | <b>\$</b> | <b>Total</b>                     | <b>\$</b> | <b>\$</b> |

\* 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 |
|-----|----------------|
|     | \$             |
|     |                |
|     |                |

**VI. ASSETS AND LIABILITIES**

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed by that spouse or other person also.

Completed  Jointly  Not Jointly

| Description   | ASSETS | Cash or Market Value | Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property. |                                      |                             |  |
|---|--------|----------------------|---|--------------------------------------|-----------------------------|--|
|   |        |                      | LIABILITIES   | Monthly Payment & Months Left to Pay | Unpaid Balance              |  |
| Cash deposit toward purchase held by:                                     |        | \$                   |   |                                      |                             |  |
| <b>List checking and savings accounts below</b>                           |        |                      |   |                                      |                             |  |
| Name and address of Bank, S&L, or Credit Union                            |        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
|   |        |                      | Acct. no.   |                                      |                             |  |
| Acct. no.   |        | \$                   | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Name and address of Bank, S&L, or Credit Union                            |        |                      |   |                                      |                             |  |
|   |        |                      | Acct. no.   |                                      |                             |  |
| Acct. no.   |        | \$                   | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Name and address of Bank, S&L, or Credit Union                            |        |                      |   |                                      |                             |  |
|   |        |                      | Acct. no.   |                                      |                             |  |
| Acct. no.   |        | \$                   | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Name and address of Bank, S&L, or Credit Union                            |        |                      |   |                                      |                             |  |
|   |        |                      | Acct. no.   |                                      |                             |  |
| Acct. no.   |        | \$                   | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Stocks & Bonds (Company name/number description)                          |        | \$                   |   |                                      |                             |  |
|   |        |                      | Acct. no.   |                                      |                             |  |
|   |        |                      | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Life insurance net cash value   |        | \$                   |   |                                      |                             |  |
| Face amount: \$   |        |                      |   |                                      |                             |  |
| <b>Subtotal Liquid Assets</b>   |        | \$                   | Acct. no.   |                                      |                             |  |
| Real estate owned (enter market value from schedule of real estate owned) |        | \$                   | Name and address of Company   | \$ Payment/Months                    | \$                          |  |
| Vested interest in retirement fund  |        | \$                   |   |                                      |                             |  |
| Net worth of business(es) owned (attach financial statement)              |        | \$                   | Acct. no.   |                                      |                             |  |
| Automobiles owned (make and year)   |        | \$                   | Alimony/Child Support/Separate Maintenance Payments Owed to:  | \$                                   |                             |  |
| Other Assets (itemize)  |        | \$                   | Job-Related Expense (child care, union dues, etc.)  | \$                                   |                             |  |
|   |        |                      | <b>Total Monthly Payments</b>   | \$                                   |                             |  |
| <b>Total Assets a.</b>  |        | \$                   | Net Worth (a minus b) =>  | \$                                   | <b>Total Liabilities b.</b> |  |
|   |        |                      |   |                                      | \$                          |  |

**Schedule of Real Estate Owned** (if additional properties are owned, use continuation sheet)

| Property Address (enter S if sold, PS if pending sale or R if rental being held for income) | Type of Property | Present Market Value | Amount of Mortgages & Liens | Gross Rental Income | Mortgage Payments | Insurance, Maintenance, Taxes & Misc. | Net Rental Income |
|---|------------------|----------------------|-----------------------------|---------------------|-------------------|---------------------------------------|-------------------|
|   |                  | \$                   | \$                          | \$                  | \$                | \$                                    | \$                |
|   |                  |                      |                             |                     |                   |                                       |                   |
|   |                  |                      |                             |                     |                   |                                       |                   |
|   |                  |                      |                             |                     |                   |                                       |                   |
|   | Totals           | \$                   | \$                          | \$                  | \$                | \$                                    | \$                |

**List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):**

| Alternate Name | Creditor Name | Account Number |
|----------------|---------------|----------------|
|                |               |                |
|                |               |                |

| VII. DETAILS OF TRANSACTION | VIII. DECLARATIONS |
|-----------------------------|--------------------|
|-----------------------------|--------------------|

| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Purchase price</td><td style="text-align: right;">\$</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"/></p> <p>b. Have you been declared bankrupt within the past 7 years? <input type="checkbox"/></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"/></p> <p>d. Are you a party to a lawsuit? <input type="checkbox"/></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? <input type="checkbox"/></p> <p><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? <input type="checkbox"/><br/>If "Yes," give details as described in the preceding question.</p> <p>g. Are you obligated to pay alimony, child support, or separate maintenance? <input type="checkbox"/></p> <p>h. Is any part of the down payment borrowed? <input type="checkbox"/></p> <p>i. Are you a co-maker or endorser on a note? <input type="checkbox"/></p> <p>-----</p> <p>j. Are you a U. S. citizen? <input type="checkbox"/></p> <p>k. Are you a permanent resident alien? <input type="checkbox"/></p> <p><b>l. Do you intend to occupy the property as your primary residence?</b> <input type="checkbox"/><br/>If "Yes," complete question m below.</p> <p>m. Have you had an ownership interest in a property in the last three years? <input type="checkbox"/></p> <p>(1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)? _____</p> <p>(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> 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| a. Purchase price  | \$                       |                          |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |          |  |             |  |     |    |     |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   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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. 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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. 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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. 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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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| Yes  | No                       | Yes                      | No                                    |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |          |  |             |  |     |    |     |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |            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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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| <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"/> |                                       |  |                                  |  |   |  |                            |  |                            |  |                          |  |                                    |  |  |  |                          |  |  |  |                            |  |   |  |                                   |  |                            |  |  |  |   |   |          |  |             |  |     |    |     |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 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## Demographic Information Addendum.

This section asks about your ethnicity, sex, and race.

### Demographic Information of Borrower

**The purpose of collecting this information** is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

#### Ethnicity: Check one or more

- Hispanic or Latino  
 Mexican     Puerto Rican     Cuban  
 Other Hispanic or Latino – *Print origin:*

\_\_\_\_\_ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

- Not Hispanic or Latino  
 I do not wish to provide this information

#### Sex

- Female  
 Male  
 I do not wish to provide this information

#### Race: Check one or more

- American Indian or Alaska Native – *Print name of enrolled or principal tribe:* \_\_\_\_\_  
 Asian  
 Asian Indian     Chinese     Filipino  
 Japanese     Korean     Vietnamese  
 Other Asian – *Print race:* \_\_\_\_\_  
*For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

- Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Native Hawaiian     Guamanian or Chamorro     Samoan  
 Other Pacific Islander – *Print race:*

\_\_\_\_\_ *For example: Fijian, Tongan, and so on.*

- White  
 I do not wish to provide this information

#### To Be Completed by Financial Institution (for application taken in person):

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname?     NO     YES  
Was the sex of the Borrower collected on the basis of visual observation or surname?     NO     YES  
Was the race of the Borrower collected on the basis of visual observation or surname?     NO     YES

#### The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)     Telephone Interview     Fax or Mail     Email or Internet

#### Borrower Name: \_\_\_\_\_