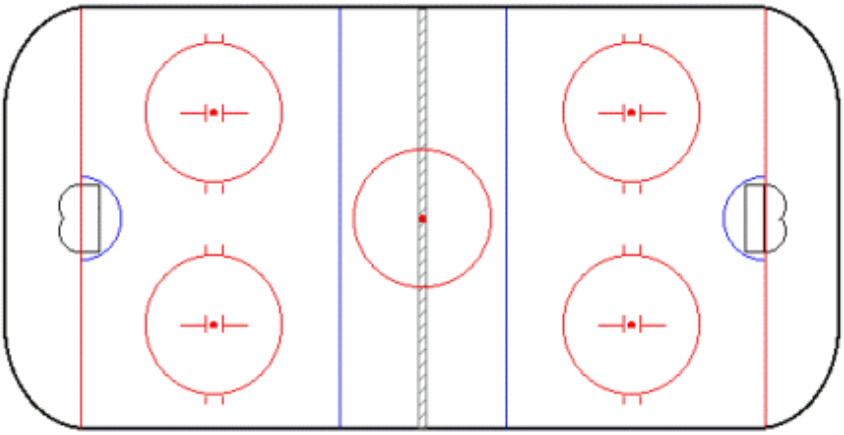
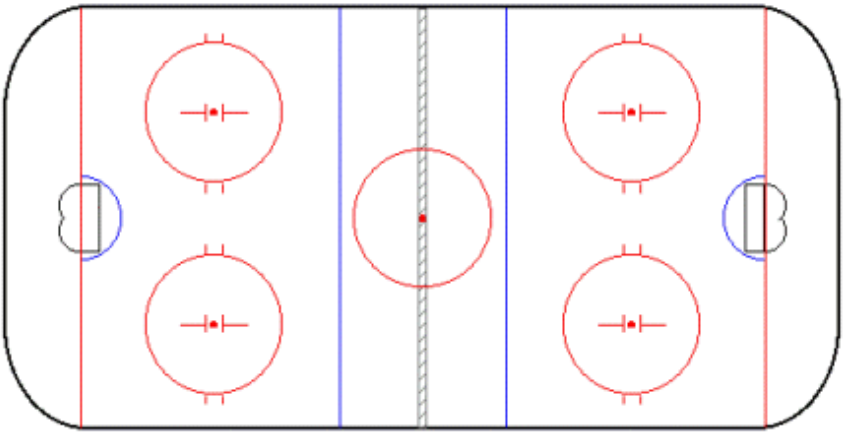
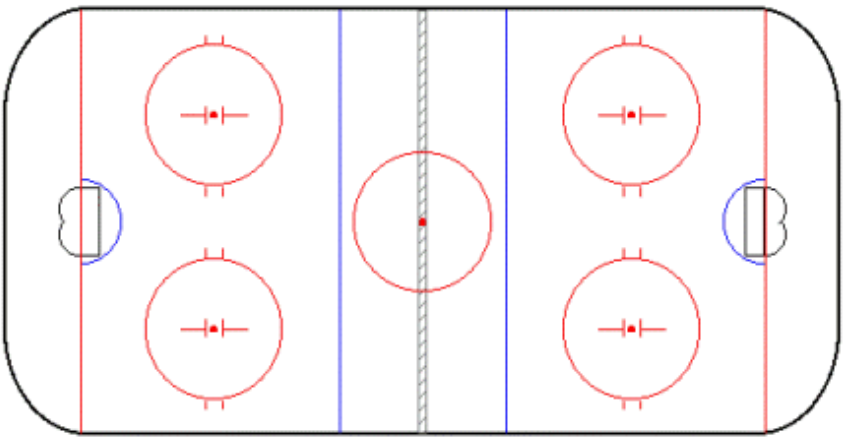
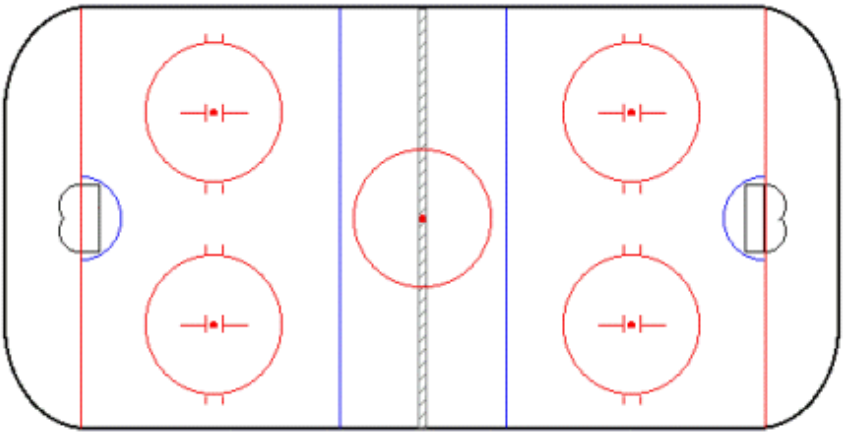
Practice Plan

DATE: _____ **TIME:** _____ **PLACE:** _____