

## To-Do List ✓

| ✓                        | #  | To-Do | Priority | Due Date |
|--------------------------|----|-------|----------|----------|
| <input type="checkbox"/> | 1  |       |          |          |
| <input type="checkbox"/> | 2  |       |          |          |
| <input type="checkbox"/> | 3  |       |          |          |
| <input type="checkbox"/> | 4  |       |          |          |
| <input type="checkbox"/> | 5  |       |          |          |
| <input type="checkbox"/> | 6  |       |          |          |
| <input type="checkbox"/> | 7  |       |          |          |
| <input type="checkbox"/> | 8  |       |          |          |
| <input type="checkbox"/> | 9  |       |          |          |
| <input type="checkbox"/> | 10 |       |          |          |
| <input type="checkbox"/> | 11 |       |          |          |
| <input type="checkbox"/> | 12 |       |          |          |
| <input type="checkbox"/> | 13 |       |          |          |
| <input type="checkbox"/> | 14 |       |          |          |
| <input type="checkbox"/> | 15 |       |          |          |
| <input type="checkbox"/> | 16 |       |          |          |
| <input type="checkbox"/> | 17 |       |          |          |
| <input type="checkbox"/> | 18 |       |          |          |
| <input type="checkbox"/> | 19 |       |          |          |
| <input type="checkbox"/> | 20 |       |          |          |
| <input type="checkbox"/> | 21 |       |          |          |
| <input type="checkbox"/> | 22 |       |          |          |
| <input type="checkbox"/> | 23 |       |          |          |
| <input type="checkbox"/> | 24 |       |          |          |
| <input type="checkbox"/> | 25 |       |          |          |
| <input type="checkbox"/> | 26 |       |          |          |
| <input type="checkbox"/> | 27 |       |          |          |
| <input type="checkbox"/> | 28 |       |          |          |
| <input type="checkbox"/> | 29 |       |          |          |
| <input type="checkbox"/> | 30 |       |          |          |
| <input type="checkbox"/> | 31 |       |          |          |
| <input type="checkbox"/> | 32 |       |          |          |
| <input type="checkbox"/> | 33 |       |          |          |
| <input type="checkbox"/> | 34 |       |          |          |
| <input type="checkbox"/> | 35 |       |          |          |
| <input type="checkbox"/> | 36 |       |          |          |
| <input type="checkbox"/> | 37 |       |          |          |