**PERSONAL DATA**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client: Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_

Spouse: Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_\_\_ Separated \_\_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_

Is either spouse remarried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: Name Date of Birth

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT**

Client’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years: \_\_\_\_\_\_

Annual Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Bonuses, average annual amount: \_\_\_\_\_\_\_\_

Planned Retirement Date (If relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a partnership, what percent do you own? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If incorporated, what percent do you hold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years: \_\_\_\_\_\_

Annual Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Bonuses, average annual amount: \_\_\_\_\_\_\_\_

Planned Retirement Date (If relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a partnership, what percent do you own? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If incorporated, what percent do you hold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPORTANT: If you are a sole proprietor, partner or an owner of a closely held corporation, please include the approximate value of this business under BUSINESS INTEREST on the financial statement.

**INSURANCE INFORMATION**

Do you have any of the following insurance?

Life Insurance # of Polices Total Death Benefit

 Individually owned \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Group term \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Trust owned \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company owned \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Insurance Yes/No Monthly Income

Individually owned \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company owned \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Yes/No \_\_\_\_\_\_\_\_\_ Employer Paid: \_\_\_\_\_\_\_\_

 Employee Paid: \_\_\_\_\_\_\_\_

 Retirees:

 Monthly Premium for Medicare B: \_\_\_\_\_\_\_\_\_\_\_\_

 Monthly Premium for Supp.Ins./Medi-gap: \_\_\_\_\_\_

Property/Casualty Yes/No Limits of Liability

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Homeowner’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Automobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Umbrella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BALANCE SHEET**

**ASSETS LIABILITIES**

**Cash & Cash Equivalents**

Checking $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Mortgage $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Mortgage $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money Mkt. Funds $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Equity Loan $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash Value-Life Ins. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Loans $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CD’s $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto Loans $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal – Cash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investment Accounts (Individual/Joint/Trust)**

 **TOTAL LIABILITIES** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal – Inv’t Acct. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retirement Accounts (including Annuity Contracts)**

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal – Ret. Acct. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Real Estate** **NET WORTH (Assets - Liabilities): $ \_\_\_\_\_\_\_\_\_\_\_**

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal Real Estate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partnerships/Business Interests**

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subtotal Partnerships $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Property/Art/Jewelry**

Subtotal Personal Prop $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL ASSETS** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTATE PLANNING**

Do you have a will? Yes No

Do you have a trust? Yes No

Have you ever made substantial gifs? Yes No

Have you filed a federal gift tax return? Yes No

Do you have plans for gifts or support for your

relatives or others during your lifetime? Yes No

If so, give details.

Do you have plans for gifts or support to your

relatives at your death? Yes No

If so, give details.

Are you named as executor, guardian, or trustee

in anyone’s will or trust (other than spouse’s)? Yes No

Do you have a business agreement that governs

this position of the interest of any associate who dies? Yes No

In the event of your death, would you prefer the

business to continue? Yes No

Have you completed any other estate planning? Yes No

Do you have a Durable Power of Attorney? Yes No

Do you have a Durable Power of Attorney for

Health Care? Yes No

Do you have a Living Will? Yes No

**PERSONAL QUESTIONS**

1. What experience have you had in the past with financial planning?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How have you made key financial decisions in the past, and who have you relied upon when making these decisions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Of the following goals, choose and number (from 1 to 3) the three which have the greatest priority for you, with 1 being the most important.

Cash flow Management \_\_\_\_\_\_\_\_ Business planning \_\_\_\_\_\_\_\_\_

Tax Planning \_\_\_\_\_\_\_\_ Risk Management \_\_\_\_\_\_\_\_\_

Investment Analysis \_\_\_\_\_\_\_\_ Estate planning \_\_\_\_\_\_\_\_\_

Retirement planning \_\_\_\_\_\_\_\_ Education planning \_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your personal investment approach on a scale of 1 to 10:

*Client:* *Spouse:*

Aggressive (9-10) \_\_\_\_\_\_\_\_ Aggressive (9-10) \_\_\_\_\_\_\_\_\_

Moderately Aggressive (6-8) \_\_\_\_\_\_\_\_ Moderately Aggressive (6-8) \_\_\_\_\_\_\_\_\_

Moderately Conservative (4-5) \_\_\_\_\_\_\_\_ Moderately Conservative (4-5) \_\_\_\_\_\_\_\_\_

Conservative (1-3) \_\_\_\_\_\_\_\_ Conservative (1-3) \_\_\_\_\_\_\_\_\_

1. In numerical order, prioritize your current investment objectives (1 - most important, 6 – least important):

*Client:* *Spouse:*

Income \_\_\_\_\_\_\_\_ Income \_\_\_\_\_\_\_\_\_

Safety of Principal \_\_\_\_\_\_\_\_ Safety of Principal \_\_\_\_\_\_\_\_\_

Liquidity \_\_\_\_\_\_\_\_ Liquidity \_\_\_\_\_\_\_\_\_

Capital Appreciation \_\_\_\_\_\_\_\_ Capital Appreciation \_\_\_\_\_\_\_\_\_

Tax Reduction \_\_\_\_\_\_\_\_ Tax Reduction \_\_\_\_\_\_\_\_\_

Inflation Protection \_\_\_\_\_\_\_\_ Inflation Protection \_\_\_\_\_\_\_\_\_

1. At approximately what rate (Federal and State) is the Top Dollar of your current income taxed?

\_\_\_\_\_\_ (12-24%) \_\_\_\_\_\_\_ (32-35%) \_\_\_\_\_\_\_ (37%)

1. Does your Tax Accountant provide tax planning for you personally, and if relevant, for your business, during the year?
2. Do you buy securities on margin or borrow money to invest? \_\_\_\_\_Yes \_\_\_\_\_No
3. Have you invested in any of the following investment types?

YES NO EXPERIENCE

Saving Instruments (CD’s, etc.) \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Bonds \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Government Securities \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipal Bonds \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mutual Funds \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Options \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnerships \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On an annual basis, approximately how much money have you been personally allocating to investment/savings programs? (not including company sponsored option, 401(k) and profit

sharing plans and other non-qualified deferred compensation plans) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On an annual basis, approximately how much do you spend to maintain your present lifestyle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what company investment programs are you participating in? To what financial extent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is the single most successful investment you have ever made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the worst investment you have ever made? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is the largest monetary commitment you have made in a single investment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Generally, do you prefer to be actively involved in investment decisions or do you tend to let

someone else make those decisions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever used a financial planner before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What problems or concerns do you have that need a financial planner?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What specific issues are of greatest concern to you now?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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