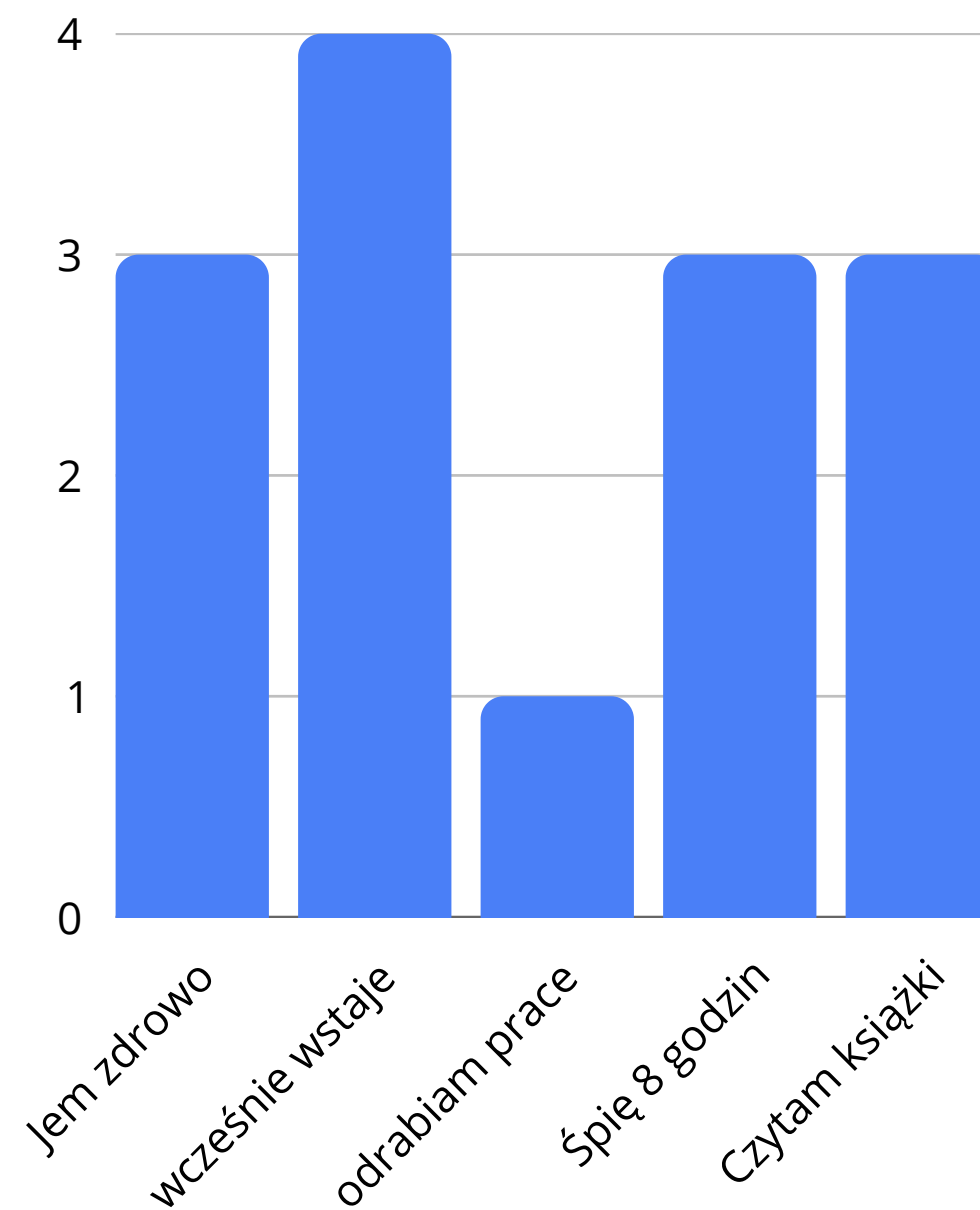


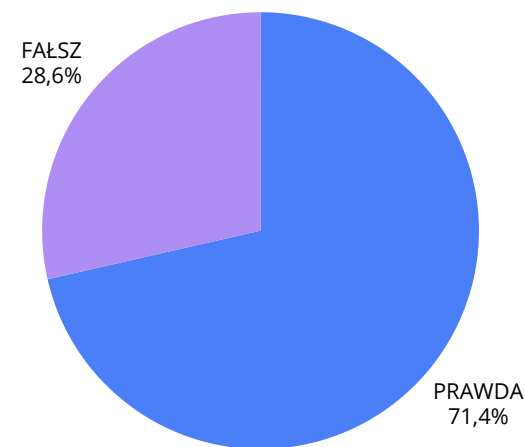
Moje Zdrowe Nawyki



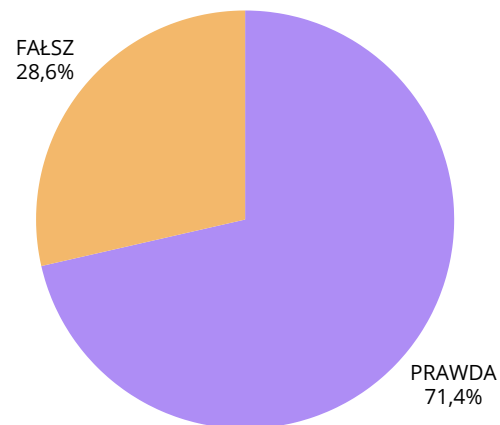
	Moje zdrowe nawyki	Poniedziałek	Wtorek	Środa	Czwartek	Piątek	Sobota	Niedziela	Realizacja
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odrabiam prace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1
Śpię 8 godzin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		3
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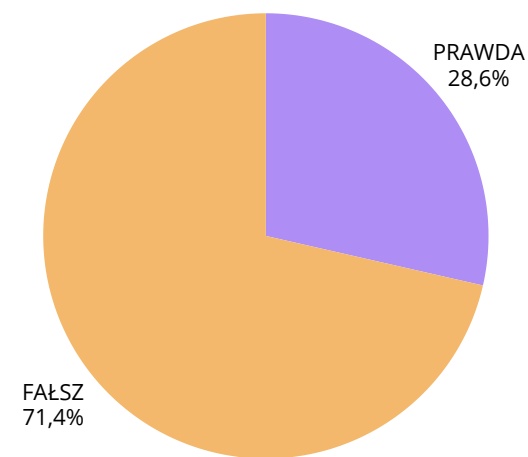
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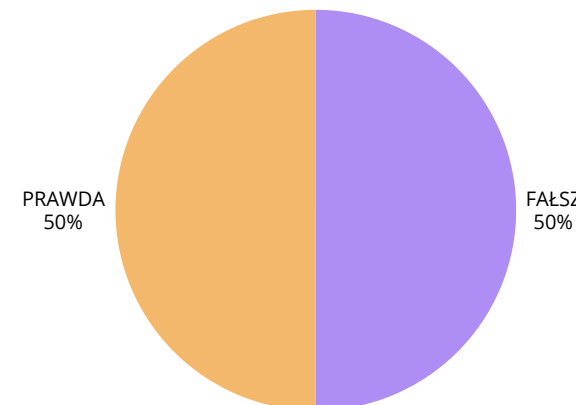
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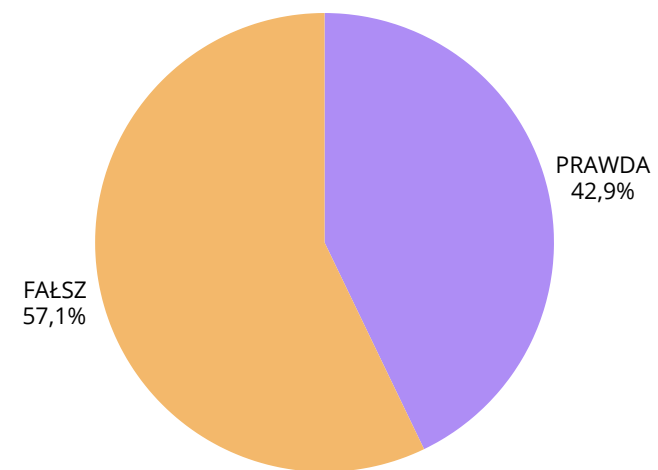
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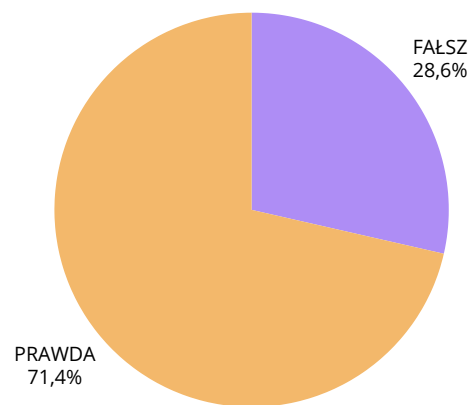
Czwartek



Piątek



Sobota



Niedziela

