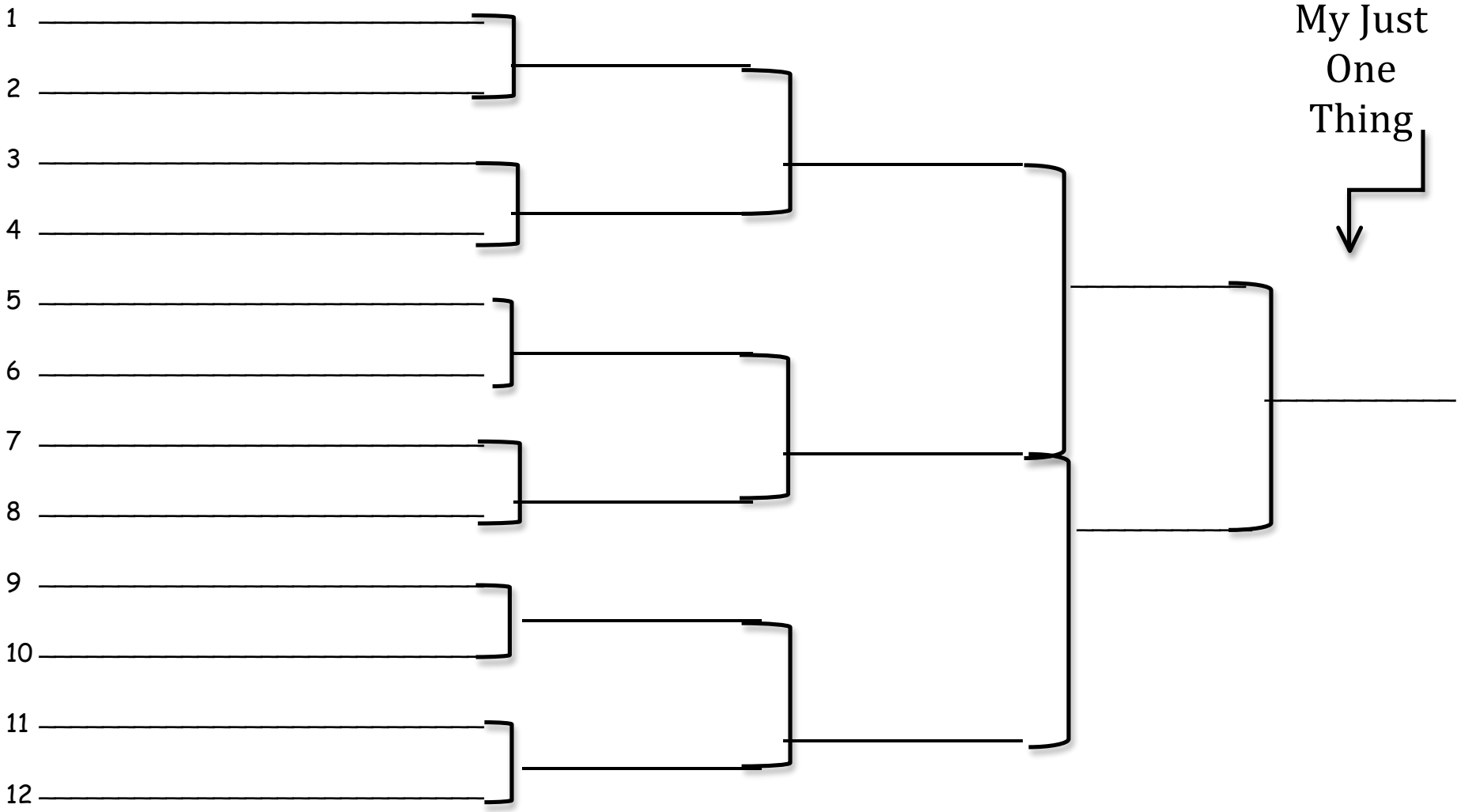
CRS Action Item Prioritization Chart

Name: _____ Date: _____ Accountability Partner: _____ Cell Phone: _____



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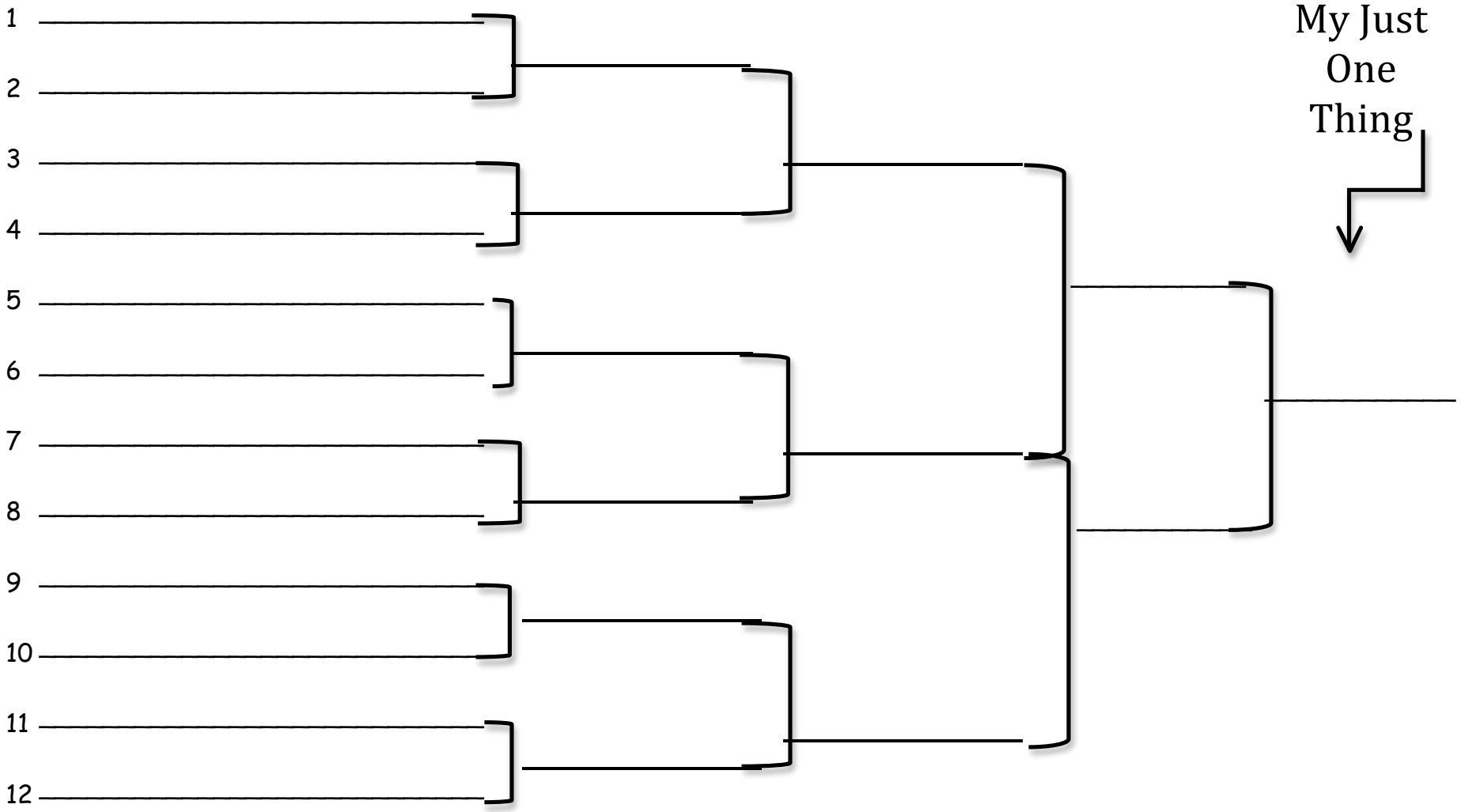

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