

# HOW TO STOP

**SMOKING** 

FOREVER





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#### INTRODUCTION

Don't you think that it is about time you quit smoking? Or have you already quit several times? The purpose of this book is to assist you in quitting forever, without the urge to start up again. In just one week after starting to quit smoking, you can be free from tobacco forever.

#### WHAT DO YOU NEED TO KNOW?

If you are about to quit, do you know what to do to fight off that urge to smoke another cigarette?

Do you know the reasons that cause you to light up that cigarette?

If you are still smoking, you need to ask yourself, "Am I ready to quit the smoking habit"?

Can I do it successfully?

#### There are two factors that will determine your success:

- 1. You must have the desire to give up your habit.
- 2. You must have the confidence to know that you can do it.

Of course it's possible to get motivated to quit, yet you fail for a variety of reasons.

Quitting smoking can be an uncomfortable experience, and cigarettes have given you something to do for a long time. Consequently, it is only natural to think about the ups and downs of giving them up. Most who try to quit, fail to do so and have to try several times before they succeed. Should you have any doubts about giving up smoking, put it off until you are determined to do so.





#### THE RISKS

IF you smoke:

You will be twelve times more likely to die from lung cancer.

You will be ten times more likely to die from some form of lung disease.

You will be ten times more likely to die from cancer of the larynx.

You will be six times more likely to die of heart disease.

You will be twice as likely to die of a stroke.

Now let's just think for one short moment: wouldn't it be very important for you to increase your chances of living from two to twelve times longer, gain many extra years of happy, healthy existence, and save thousands of dollars in increased medical costs? Another overlooked benefit is the amount of money saved by not buying cigarettes in the first place.

Let me explain:

If you smoke one pack of cigarettes a day at R22.00 per pack, you spend R8030 per year. If your habit has continued for a period of 20 years you will have spent an incredible R160 000! If you smoke two packs for that same period of time, you will spend R321 000!





# **SELF CONFIDENCE**

Let's talk for a moment about your self confidence. How can you help yourself to be successful? You need to be able to answer the following questions:

What can you do to reduce the desire to smoke every time it hits you, and what will you do until the urge passes?

With the information contained in this book, I will give you the ammunition you need in this war against tobacco. You will be able to resist the urge to smoke every time it hits you and you will be able to resist it until the urge passes.

Next, you will need to deal with the reasons that you smoke now. What kind of satisfaction does smoking give you - physical, mental, or emotional?





# **QUIZ - MY MOST IMPORTANT REASONS FOR SMOKING**

Circle the appropriate number:

| 1=1 | Never         | 2=Sometimes   | 3=Frequently |      | 4=Always |
|-----|---------------|---|--------------|------|----------|
| 1.  | ,             | when I need a pickup.  To keep from slowing down.   |              | 1234 |          |
| 2.  | ,             | or the pleasure of it.<br>ht up when I am comfortab | ole          | 1234 |          |
|     | and relaxed   | I.  |              | 1234 |          |
| 3.  | a.) I smoke   | when I'm angry.                                     |              | 1234 |          |
|     | b.) I smoke   | when I'm anxious.                                   |              | 1234 |          |
|     | c.) I smoke   | when I'm tense.                                     |              | 1234 |          |
|     | d.) I smoke   | when I'm depressed.                                 |              | 1234 |          |
| 4.  | a.) I get an  | kious when I think I might r                        | un out       |      |          |
|     | of cigarette  |   |              | 1234 |          |
|     | , 0           | xious if I must go somepla                          |              | 4004 |          |
|     | will not be a | able to smoke when I really                         | want to.     | 1234 |          |
| 5.  | a.) I smoke a | cigarette within thirty minu                        | ites of      |      |          |
|     | getting up i  | n the morning.                                      |              | 1234 |          |
|     | b.) I smoke w | hen I'm not feeling well.                           |              | 1234 |          |
|     | c.) I smoke   | a pack or more a day.                               |              | 1234 |          |
| 6.  | a.) Sometime  | es I smoke just to keep my                          | hands busv.  | 1234 |          |
|     | ,             | hen I get bored.                                    | <b>,</b>     | 1234 |          |
|     | -             | =   |              |      |          |

Medico Herbs
BEST NATURAL REMEDIES

**EVALUATION** 

A high ranking in one or both the questions in group one (1) indicates that you use cigarettes for

stimulation or extra energy. You might smoke to help to stay awake or for a boost of energy to

complete a task. You may use them when your body says it needs rest, but you have work to

accomplish.

A high rating in group two (2) indicates that you use smoking to help you to relax, whether it is

physical, mental, or both. You may use cigarettes during breaks at work, after you have com-

pleted a difficult job, or when you have that cup of coffee or alcoholic beverage.

High scores in group three (3) indicates that you use smoking to deal with negative effects in your

life. Smoking gives you a lift when you become angry, depressed, tense or anxious.

The guestions in group four (4) reflect your psychological dependencies. You are concerned that

you will run out of cigarettes before it happens and way before you have any nicotine deprivation.

Group five (5) suggests that you have a chemical dependency. If each of your answers was high

in this group, it means that without an occasional smoke, you begin to experience withdrawal

symptoms and occasionally fell a little uncomfortable.

Group six (6) tells us that you use smoking to have something to do with your hands when you

are nervous or uncomfortable, maybe in social situations, or something to do when you are

bored.

The different categories of questions in the quiz give a great variety of reasons why people with

different needs smoke. Nicotine is an extremely powerful drug! It is more addictive than heroin or

cocaine. If you read the papers you know cigarette manufacturers manipulate the amount of nico-

tine in their cigarettes to provide a consistent flavor and also to insure that you get the same dose

with each cigarette you light up.



#### **KNOW THE ENEMY**

What makes smoking so habit forming?

Even if you only smoke a few cigarettes a day, why do you feel so bad when you try to quit?

Nicotine creates a biochemical reaction in your body that has an immediate effect on your mood, your ability to reason, and your metabolism. The more that you smoke, the higher level of chemical dependency will be reached. Light smokers can also become just as dependent on cigarettes because of nicotine's psychological impact. In this way it can affect moods and feelings in certain situations.

#### THE EFFECTS OF NICOTINE

It is only a matter of seconds after that first puff that nicotine starts to have an effect on your central nervous system, and the rest of your body. Certain areas of the brain, when stimulated by nicotine, help you think more clearly. Other areas of the brain lie in a pleasure center which when stimulated, can make you feel more relaxed and less anxious.

Nicotine also affects the hormones produced by the body which creates a chemical dependency to nicotine and the accompanying craving. Heavy smokers have become dependent on heightened levels of hormones, stimulated by nicotine, which can have an addictive quality. They need a cigarette at certain intervals of time. After the stimulation of the hormones starts to fall, they need an-



#### **HOW YOU CAN BEGIN TO QUIT**

Many people have found that including physical activity in their program to quit smoking has added a tremendous benefit to assist in quitting. There are many reasons for this:

When people are more active, they gain confidence and like themselves more. They feel more energy, and are more capable of dealing with tension in their lives. With increased activity, the smell of tobacco actually becomes offensive. Whenever you feel the need to smoke after you have decided to quit, get up and move around instead. A brief physical activity can provide you with the lift that you may have received from nicotine.

# **HOW TO QUIT IN SEVEN DAYS**

You are now ready to consider the following question:

# How and when do you want to quit smoking?

There are only two ways to effectively quit smoking, immediately (cold turkey), or gradually. When you quit gradually, you use various methods to taper off before you have that last cigarette. Neither way is better than the other for all people. Pick the one that you feel fits your temperament. Either way, Medico Herbs Quit Smoking Spray may prove to be a real benefit in giving up, especially if you are a heavy smoker.



#### CHOOSE THE METHOD TO QUIT THAT'S RIGHT FOR YOU

Try this test to see which way is better for you. Answer the questions by circling "yes", "no", or "not sure".

Stopping smoking is one of the most important things in the world for me right now.

Yes no not sure

I can handle a tough problem without a smoke.

Yes no not sure

I have to quit smoking and my reasons are good enough to do it now.

Yes no not sure

If I quit this minute, I know I can find a way to resist the craving to smoke, even if it is strong.

Yes no not sure

If your answer to all of the above questions is yes, you may be a candidate to quit immediately. But before you do, read on to get the tools necessary to be successful. After reading the following, set a time to quit. If not right now, then tomorrow, but do it.

#### What about the doubts you may be feeling now?

Most smokers will get a sense of doubt when they read the questions above. You probably are not confident in your ability to follow through with resisting any future craving to smoke, or finding something to substitute for the feelings that smoking has given to you.

In order to have the confidence to quit, you:

- (1) must find an alternative to handle the urge to smoke, when it hits, and
- (2) create ways to deal with the reasons that you smoked in the first place.

Together we will accomplish both these tasks so that when the day comes that you had planned to quit, you will be confident to do it.





#### **HOW TO HANDLE THE URGE**

Your artillery. There are several weapons that you can use in your fight to quit.

# EACH OF THESE WEAPONS WORK- THEY HAVE BEEN PROVEN

You may use one, all, or a combination of several to achieve your goal. The urge to smoke is immediate, and usually lasts for five minutes. If you can resist for that period of time, you reduce the urge.

- 1. Take a deep breath, hold it for a few seconds, and exhale as if you had just taken your first puff on a cigarette. Part of the feeling you get from smoking is a direct result of taking a deep breath. A deep breath allows you to take in a maximum amount of oxygen, and exhaling lets out large quantities of carbon dioxide. This results in a feeling of relaxation. Try it, you'll see.
- 2. Take a sip of water several times during this five minute period. It can help to diminish the need to smoke, and gives you something to do with your hands. The extra water will also help to flush the nicotine out of your body.
- 3. Put something in your mouth that has no calories, such as a stirrer, toothpick, or another substitute for a cigarette.
- 4. Get busy with something, anything, to keep you busy for the next five minutes.
- 5. As long as it does not lead to a craving, chew a piece of gum or a piece of hard candy.
- 6. Get up and move around for five minutes. It will help the urge to smoke to pass.
- 7. Use a quick spray on Medico Herbs Quit Smoking Spray as replacement therapy.







# HANDLING THE REASONS FOR SMOKING

Become a high energy person without cigarettes.

Relax and enjoy the pleasure of relaxation without cigarettes.

Deal with your tensions without a cigarette.

Deal with psychological dependence.

Deal with chemical dependency on nicotine.

Keep your hands busy fighting boredom.

# LET'S START TO QUIT RIGHT NOW

The first thing to do is set a date when you are going to quit smoking. Let's start one week from today. That will give you plenty of time to practice with the weapons in your arsenal. Eight days from today, it will be the beginning of the end of your smoking habit.

Days 1 and 2

Examine your smoking behavior for the first two days. Every time you light up, ask yourself:

- Why am I smoking this cigarette?
- 2. Would this be an easy one or a difficult one to do without?
- 3. If I did not smoke this cigarette, what would I do instead?

Day 3

Let's get out and test your weapons today.

At least once today, use your weapons to shoot down the urge to smoke.

During the five minutes that it will take for the urge to pass, try out some of your arsenal. Try one, or all, or find a combination that works for you.





# <u>Day 4</u>

Today is the big testing day. If you haven't already tried it, skip those one or two cigarettes that you feel may be the toughest to give up in your daily routine. Pick the ones that you rated "difficult" during your monitoring period.

Remember, this is a practice period, and you must not get upset if you are unable to give up a difficult cigarette. You must practice and experiment with your different weapons to realize how you can be more effective.

If you found skipping that cigarette very difficult or even failed in the end, review any factor that got in the way of your success. The most common causes of difficulty or failure that a potential quitter faces are:

# Chemical properties of addiction

When you do not have that cigarette, you feel lousy. If you are a heavy smoker, a quick spray of Medico Herbs quit smoking may help to relieve your bad feelings.

#### Social pressures

You may find yourself in a situation (card game, party, coffee break) during which you would normally smoke. It may help to let others know of your desire to quit, and also your reasons for quitting. Enlisting the aid of a non smoker to confide in may also help. Make sure that he or she is aware of your goals so that they do not say or do anything to instill a negative impact on your desire to quit.

If you feel that you may not resist the social pressures of smoking, consider the option of giving up these social encounters for two or three weeks until the urge passes and you can be comfortable again.

Medico Herbes BEST NATURAL REMEDIES

Tension and negative emotion

A crisis occurs during your work or personal day, and one of the main reasons for you to smoke has been tension reduction. Try to deal with your negative emotions and use the tension reducing methods that we talked about earlier. Get away from the area that the tension is associated with. Take a walk, or go to another room. You may also find that quit smoking spray – which is designed

to calm your neves, will give you enough tension relief to get through.

Days 5, 6, and 7.

You are now heading down the home stretch. In the next three days, your goal is to come out of this week smoking half the cigarettes that you would normally smoke. If you started as a one pack a day smoker, cut back to ten cigarettes per day, *or less.* The fewer the better. During days 5 and 6, set your goals toward achieving positive results on day 7. Maintain your smoking record during these three days, and continue to decrease your dependency on nicotine.

What do you do if you still have doubts? This is probably due to your chemical dependency on nicotine. It is a highly powerful drug, and many factors have been working together to make you dependent. Nicotine is the hook that has gotten you to smoke which carries the harmful effects to your body. With the help from the Quit Smoking Spray, you will have all he tools you need to successfully quit. The patch or gum will calm your nerves and reduce the craving, and if you do have a cigarette, it will make it taste less desirable – thus enforcing the will to give up.

DO NOT SMOKE WHILE ON A PATCH. You could experience a dangerous overdose of nicotine.

NOTE; Pregnant women should not use the gum or patch. Smokers with any form of heart disease should consult with a physician before using.



# SOME ADVICE FOR THE DAY THAT YOU QUIT SMOKING

If you are not completely confident that you can resist the urge to smoke after you have quit, it may be necessary to remove any visual reminders of smoking from your living and work areas. Throw away or give away those leftover cigarettes, get rid of lighters, ashtrays, matches, and anything else that could be associated with smoking. Why should you force yourself to resist the urge to smoke when it is far simpler to just remove the reminders. If you keep a pack of cigarettes in your home or office, there is a good chance that you may pick one up. Just this one may be the cigarette that hooks you again.

#### COPING WITH THE SYMPTOMS OF WITHDRAWAL

<u>Dizziness</u> may occur during the first one or two days. Take a quick break, it will pass.

<u>Headaches</u> may appear at any time during the first weeks. Try to relax. Take any usual remedy for headache, a cold cloth on the back of your neck, or relieve the stress by taking a short walk.

<u>Tiredness</u> may occur during the first few weeks, but if you meditate or relax during the first few weeks, it will pass.

<u>Coughing</u> may actually increase during the first few days, simply because the residue from the smoke has not been flushed from your system.

*Tightness in the chest* may occur in the first few days. Rest and take deep breaths, it will go away.





<u>Sleeping problems</u> may occur in the first few days. Try to stay away from drinks that have a high caffeine content, try not to exercise too strenuously in the hours prior to bedtime. A hot bath prior to retiring at night may also be helpful.

<u>Constipation</u> may occur in the first month after you quit. If this occurs, eat foods with a high fiber content, drink plenty of fluids, and do some light exercise.

<u>Concentration</u> may tend to wander during the first few weeks. Be ready for this, take a break or do something physical for a short period of time.

The following pages will give you an example form to chart your progress as you begin to give up cigarettes. They are all self explanatory and should prove to be a tremendous asset in assisting you to give up your habit. On a daily basis, chart each cigarette that you smoke during the day. Enter the time, place, and with whom you smoked, the reason for smoking, whether it will be easy or difficult to give that one up, and the weapon that you will use to fight the urge to smoke that one.





# **DAY 1 CIGARETTES SMOKED**

DATE:

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
| 4   |      |                   |                    |        |               |
| 5   |      |                   |                    |        |               |
| 6   |      |                   |                    |        |               |
| 7   |      |                   |                    |        |               |
| 8   |      |                   |                    |        |               |
| 9   |      |                   |                    |        |               |
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| 31  |      |                   |                    |        |               |
| 32  |      |                   |                    |        |               |
| 33  |      |                   |                    |        |               |
| 34  |      |                   |                    |        |               |
| 35  |      |                   |                    |        |               |
| 36  |      |                   |                    |        |               |
| 37  |      |                   |                    |        |               |
| 38  |      |                   |                    |        |               |
| 39  |      |                   |                    |        |               |
| 40  |      |                   |                    |        |               |





# **DAY 2 CIGARETTES SMOKED**

DATE:

| NO.      | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|----------|------|-------------------|--------------------|--------|---------------|
| 1        |      |                   |                    |        |               |
| 2        |      |                   |                    |        |               |
| 3        |      |                   |                    |        |               |
| 4        |      |                   |                    |        |               |
| 5        |      |                   |                    |        |               |
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| 14       |      |                   |                    |        |               |
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| 19       |      |                   |                    |        |               |
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| 29       |      |                   |                    |        |               |
| 30       |      |                   |                    |        |               |
| 31<br>32 |      |                   |                    |        |               |
|          |      |                   |                    |        |               |
| 33       |      |                   |                    |        |               |
| 34       |      |                   |                    |        |               |
| 35       |      |                   |                    |        |               |
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| 37       |      |                   |                    |        |               |
| 38       |      |                   |                    |        |               |
| 39       |      |                   |                    |        |               |
| 40       |      |                   |                    |        |               |





#### **DAY 3 CIGARETTES SMOKED**

DATE

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
| 4   |      |                   |                    |        |               |
| 5   |      |                   |                    |        |               |
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| 34  |      |                   |                    |        |               |
| 35  |      |                   |                    |        |               |
|     |      |                   |                    |        |               |

| NO. | TIME | Place & With Whom | Weapons Used | E or D | Comments |
|-----|------|-------------------|--------------|--------|----------|
| 1   |      |                   |              |        |          |
| 2   |      |                   |              |        |          |
| 3   |      |                   |              |        |          |
| 4   |      |                   |              |        |          |
| 5   |      |                   |              |        |          |





#### **DAY 4 CIGARETTES SMOKED**

DATE

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
| 4   |      |                   |                    |        |               |
| 5   |      |                   |                    |        |               |
| 6   |      |                   |                    |        |               |
| 7   |      |                   |                    |        |               |
| 8   |      |                   |                    |        |               |
| 9   |      |                   |                    |        |               |
| 10  |      |                   |                    |        |               |
| 11  |      |                   |                    |        |               |
| 12  |      |                   |                    |        |               |
| 13  |      |                   |                    |        |               |
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| 31  |      |                   |                    |        |               |
| 32  |      |                   |                    |        |               |

| NO. | TIME | Place & With Whom | Weapons Used | E or D | Comments |
|-----|------|-------------------|--------------|--------|----------|
| 1   |      |                   |              |        |          |
| 2   |      |                   |              |        |          |
| 3   |      |                   |              |        |          |
| 4   |      |                   |              |        |          |
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| 7   |      |                   |              |        |          |
| 8   |      |                   |              |        |          |





#### **DAY 5 CIGARETTES SMOKED**

DATE

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
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| 12  |      |                   |                    |        |               |
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| 14  |      |                   |                    |        |               |
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| 25  |      |                   |                    |        |               |
| 26  |      |                   |                    |        |               |
| 27  |      |                   |                    |        |               |
| 28  |      |                   |                    |        |               |
| 29  |      |                   |                    |        |               |
| 30  |      |                   |                    |        |               |

| NO. | TIME | Place & With Whom | Weapons Used | E or D | Comments |
|-----|------|-------------------|--------------|--------|----------|
| 1   |      |                   |              |        |          |
| 2   |      |                   |              |        |          |
| 3   |      |                   |              |        |          |
| 4   |      |                   |              |        |          |
| 5   |      |                   |              |        |          |
| 6   |      |                   |              |        |          |
| 7   |      |                   |              |        |          |
| 8   |      |                   |              |        |          |
| 9   |      |                   |              |        |          |
| 10  |      |                   |              |        |          |





#### DAY 6 CIGARETTES SMOKED

DATE

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
| 4   |      |                   |                    |        |               |
| 5   |      |                   |                    |        |               |
| 6   |      |                   |                    |        |               |
| 7   |      |                   |                    |        |               |
| 8   |      |                   |                    |        |               |
| 9   |      |                   |                    |        |               |
| 10  |      |                   |                    |        |               |
| 11  |      |                   |                    |        |               |
| 12  |      |                   |                    |        |               |
| 13  |      |                   |                    |        |               |
| 14  |      |                   |                    |        |               |
| 15  |      |                   |                    |        |               |
| 16  |      |                   |                    |        |               |
| 17  |      |                   |                    |        |               |
| 18  |      |                   |                    |        |               |
| 19  |      |                   |                    |        |               |
| 20  |      |                   |                    |        |               |
| 21  |      |                   |                    |        |               |
| 22  |      |                   |                    |        |               |
| 23  |      |                   |                    |        |               |
| 24  |      |                   |                    |        |               |
| 25  |      |                   |                    |        |               |

| NO. | TIME | Place & With Whom | Weapons Used | E or D | Comments |
|-----|------|-------------------|--------------|--------|----------|
| 1   |      |                   |              |        |          |
| 2   |      |                   |              |        |          |
| 3   |      |                   |              |        |          |
| 4   |      |                   |              |        |          |
| 5   |      |                   |              |        |          |
| 6   |      |                   |              |        |          |
| 7   |      |                   |              |        |          |
| 8   |      |                   |              |        |          |
| 9   |      |                   |              |        |          |
| 10  |      |                   |              |        |          |
| 11  |      |                   |              |        |          |
| 12  |      |                   |              |        |          |
| 13  |      |                   |              |        |          |
| 14  | _    |                   |              |        |          |
| 15  |      |                   |              |        |          |





#### **DAY 7 CIGARETTES SMOKED**

DATE

| NO. | TIME | Place & With Whom | Reason for Smoking | E or D | Weapon to Use |
|-----|------|-------------------|--------------------|--------|---------------|
| 1   |      |                   |                    |        |               |
| 2   |      |                   |                    |        |               |
| 3   |      |                   |                    |        |               |
| 4   |      |                   |                    |        |               |
| 5   |      |                   |                    |        |               |
| 6   |      |                   |                    |        |               |
| 7   |      |                   |                    |        |               |
| 8   |      |                   |                    |        |               |
| 9   |      |                   |                    |        |               |
| 10  |      |                   |                    |        |               |
| 11  |      |                   |                    |        |               |
| 12  |      |                   |                    |        |               |
| 13  |      |                   |                    |        |               |
| 14  |      |                   |                    |        |               |
| 15  |      |                   |                    |        |               |
| 16  |      |                   |                    |        |               |
| 17  |      |                   |                    |        |               |
| 18  |      |                   |                    |        |               |
| 19  |      |                   |                    |        |               |
| 20  |      |                   |                    | _      |               |

| NO. | TIME | Place & With Whom | Weapons Used | E or D | Comments |
|-----|------|-------------------|--------------|--------|----------|
| 1   |      |                   |              |        |          |
| 2   |      |                   |              |        |          |
| 3   |      |                   |              |        |          |
| 4   |      |                   |              |        |          |
| 5   |      |                   |              |        |          |
| 6   |      |                   |              |        |          |
| 7   |      |                   |              |        |          |
| 8   |      |                   |              |        |          |
| 9   |      |                   |              |        |          |
| 10  |      |                   |              |        |          |
| 11  |      |                   |              |        |          |
| 12  |      |                   |              |        |          |
| 13  |      |                   |              |        |          |
| 14  |      |                   |              |        |          |
| 15  |      |                   |              |        |          |
| 16  |      |                   |              |        |          |
| 17  |      |                   |              |        |          |
| 18  |      |                   |              |        |          |
| 19  |      |                   |              |        |          |
| 20  |      |                   |              |        |          |





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