business tracker

SOLEX

| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
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| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
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|            | 9                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 10                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 11                    |                |       |       |      |      |                         |
|            | 12                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 13                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 14                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 15                    |                |       |       |      |      |                         |
| l          |                       |                |       |       |      |      |                         |

COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
|------------|-----------------------|-------------|------|-------------|-----|------|-------------------------|
|            | 1                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 2                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 3                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 4                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 5                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 6                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 7                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 8                     |             |      |             |     |      |                         |
|            | 0                     |             |      |             |     |      |                         |
|            | 9                     |             |      |             |     |      |                         |
|            | 10                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 11                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 12                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 13                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 14                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 15                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |

| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
|------------|-----------------------|----------------|-------|-------|------|------|-------------------------|
|            | 1                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 2                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 3                     |                |       |       |      |      |                         |
|            | 4                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 5                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 6                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 7                     |                |       |       |      |      |                         |
|            | 8                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 9                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 10                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 11                    |                |       |       |      |      |                         |
|            | 12                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 13                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 14                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 15                    |                |       |       |      |      |                         |
| l          |                       |                |       |       |      |      |                         |

COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
|------------|-----------------------|-------------|------|-------------|-----|------|-------------------------|
|            | 1                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 2                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 3                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 4                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 5                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 6                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 7                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 8                     |             |      |             |     |      |                         |
|            | 0                     |             |      |             |     |      |                         |
|            | 9                     |             |      |             |     |      |                         |
|            | 10                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 11                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 12                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 13                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 14                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 15                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |

| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
|------------|-----------------------|----------------|-------|-------|------|------|-------------------------|
|            | 1                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 2                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 3                     |                |       |       |      |      |                         |
|            | 4                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 5                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 6                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 7                     |                |       |       |      |      |                         |
|            | 8                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 9                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 10                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 11                    |                |       |       |      |      |                         |
|            | 12                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 13                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 14                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 15                    |                |       |       |      |      |                         |
| l          |                       |                |       |       |      |      |                         |

COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
|------------|-----------------------|-------------|------|-------------|-----|------|-------------------------|
|            | 1                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 2                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 3                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 4                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 5                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 6                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 7                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 8                     |             |      |             |     |      |                         |
|            | 0                     |             |      |             |     |      |                         |
|            | 9                     |             |      |             |     |      |                         |
|            | 10                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 11                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 12                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 13                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 14                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 15                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |

| CONVERSION | NAME / NUMBER / EMAIL | COMN<br>(EMAIL | ALPHA | INTRO | ADDE | CALL | FOLLOW-UP – DATE, NOTES |
|------------|-----------------------|----------------|-------|-------|------|------|-------------------------|
|            | 1                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 2                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 3                     |                |       |       |      |      |                         |
|            | 4                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 5                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 6                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 7                     |                |       |       |      |      |                         |
|            | 8                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 9                     |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 10                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 11                    |                |       |       |      |      |                         |
|            | 12                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 13                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 14                    |                |       |       |      |      |                         |
|            |                       |                |       |       |      |      |                         |
|            | 15                    |                |       |       |      |      |                         |
| l          |                       |                |       |       |      |      |                         |

COMMUNICATION PLATFORM (EMAIL, FB, IG, TEXT) CALL INVITE (IN-PERSON, ZOOM, CALL, ETC) ADDED TO FB GROUP ALPHA3 PASS SENT NTRO VIDEO SENT

| CONVERSION | NAME / NUMBER / EMAIL | CON<br>(EMA | ALPF | N<br>R<br>T | ADD | CALI | FOLLOW-UP - DATE, NOTES |
|------------|-----------------------|-------------|------|-------------|-----|------|-------------------------|
|            | 1                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 2                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 3                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 4                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 5                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 6                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 7                     |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 8                     |             |      |             |     |      |                         |
|            | 0                     |             |      |             |     |      |                         |
|            | 9                     |             |      |             |     |      |                         |
|            | 10                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 11                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 12                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 13                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 14                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            | 15                    |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |
|            |                       |             |      |             |     |      |                         |

| LOG / LEDGER quantum living advocate NAME / NUMBER | ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly ) |
|--|-----------------|------------|-----------------------|----------|---|--|
| 1  |                 |            |                       |          |   |  |
| 2  |                 |            |                       |          |   |  |
| 3  | -               |            |                       |          |   |  |
| 4  | -               |            |                       |          |   |  |
| 5  | -               |            |                       |          |   |  |
| 6  |                 |            |                       |          |   |  |
| 7  |                 |            |                       |          |   |  |
| 8  |                 |            |                       |          |   |  |
| 9  |                 |            |                       |          |   |  |
| 10   |                 |            |                       |          |   |  |
| 11   |                 |            |                       |          |   |  |
| 12   |                 |            |                       |          |   |  |
| 13   |                 |            |                       |          |   |  |
| 15   |                 |            |                       |          |   |  |
| 16   |                 |            |                       |          |   |  |
| 17   |                 |            |                       |          |   |  |
| 18   |                 |            |                       |          |   |  |
| 19   |                 |            |                       |          |   |  |
| 20   |                 |            |                       |          |   |  |

| LOG / LEDGER quantum living advocate  NAME / NUMBER | ,<br>ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly) |
|---|----------------------|------------|-----------------------|----------|---|---|
| 1   |                      | ,<br>      | <b>0</b> ,            |          | 3 3 3,  |   |
| 2   |                      |            |                       |          |   |   |
| 3   | -                    |            |                       |          |   |   |
| 4   | _                    |            |                       |          |   |   |
| 5   | -                    |            |                       |          |   |   |
| 6   |                      |            |                       |          |   |   |
| 7   |                      |            |                       |          |   |   |
| 8   |                      |            |                       |          |   |   |
| 9   |                      |            |                       |          |   |   |
| 10  |                      |            |                       |          |   |   |
| 11  |                      |            |                       |          |   |   |
| 12  |                      |            |                       |          |   |   |
| 13  |                      |            |                       |          |   |   |
| 14  |                      |            |                       |          |   |   |
| 15  |                      |            |                       |          |   |   |
| 16<br>17  |                      |            |                       |          |   |   |
| 18  |                      |            |                       |          |   |   |
| 19  |                      |            |                       |          |   |   |
| 20  |                      |            |                       |          |   |   |
|   |                      |            |                       |          |   |   |

| LOG / LEDGER quantum living advocate NAME / NUMBER | ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly ) |
|--|-----------------|------------|-----------------------|----------|---|--|
| 1  |                 |            |                       |          |   |  |
| 2  |                 |            |                       |          |   |  |
| 3  | -               |            |                       |          |   |  |
| 4  | -               |            |                       |          |   |  |
| 5  | -               |            |                       |          |   |  |
| 6  |                 |            |                       |          |   |  |
| 7  |                 |            |                       |          |   |  |
| 8  |                 |            |                       |          |   |  |
| 9  |                 |            |                       |          |   |  |
| 10   |                 |            |                       |          |   |  |
| 11   |                 |            |                       |          |   |  |
| 12   |                 |            |                       |          |   |  |
| 13   |                 |            |                       |          |   |  |
| 15   |                 |            |                       |          |   |  |
| 16   |                 |            |                       |          |   |  |
| 17   |                 |            |                       |          |   |  |
| 18   |                 |            |                       |          |   |  |
| 19   |                 |            |                       |          |   |  |
| 20   |                 |            |                       |          |   |  |

| LOG / LEDGER quantum living advocate  NAME / NUMBER | ,<br>ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly) |
|---|----------------------|------------|-----------------------|----------|---|---|
| 1   |                      | ,<br>      | <b>0</b> ,            |          | 3 3 3,  |   |
| 2   |                      |            |                       |          |   |   |
| 3   | -                    |            |                       |          |   |   |
| 4   | _                    |            |                       |          |   |   |
| 5   | -                    |            |                       |          |   |   |
| 6   |                      |            |                       |          |   |   |
| 7   |                      |            |                       |          |   |   |
| 8   |                      |            |                       |          |   |   |
| 9   |                      |            |                       |          |   |   |
| 10  |                      |            |                       |          |   |   |
| 11  |                      |            |                       |          |   |   |
| 12  |                      |            |                       |          |   |   |
| 13  |                      |            |                       |          |   |   |
| 14  |                      |            |                       |          |   |   |
| 15  |                      |            |                       |          |   |   |
| 16<br>17  |                      |            |                       |          |   |   |
| 18  |                      |            |                       |          |   |   |
| 19  |                      |            |                       |          |   |   |
| 20  |                      |            |                       |          |   |   |
|   |                      |            |                       |          |   |   |

| LOG / LEDGER quantum living advocate NAME / NUMBER | ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly ) |
|--|-----------------|------------|-----------------------|----------|---|--|
| 1  |                 |            |                       |          |   |  |
| 2  |                 |            |                       |          |   |  |
| 3  | -               |            |                       |          |   |  |
| 4  | -               |            |                       |          |   |  |
| 5  | -               |            |                       |          |   |  |
| 6  |                 |            |                       |          |   |  |
| 7  |                 |            |                       |          |   |  |
| 8  |                 |            |                       |          |   |  |
| 9  |                 |            |                       |          |   |  |
| 10   |                 |            |                       |          |   |  |
| 11   |                 |            |                       |          |   |  |
| 12   |                 |            |                       |          |   |  |
| 13   |                 |            |                       |          |   |  |
| 15   |                 |            |                       |          |   |  |
| 16   |                 |            |                       |          |   |  |
| 17   |                 |            |                       |          |   |  |
| 18   |                 |            |                       |          |   |  |
| 19   |                 |            |                       |          |   |  |
| 20   |                 |            |                       |          |   |  |

| LOG / LEDGER quantum living advocate  NAME / NUMBER | ,<br>ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly) |
|---|----------------------|------------|-----------------------|----------|---|---|
| 1   |                      | ,<br>      | <b>0</b> ,            |          | 3 3 3,  |   |
| 2   |                      |            |                       |          |   |   |
| 3   | -                    |            |                       |          |   |   |
| 4   | _                    |            |                       |          |   |   |
| 5   | -                    |            |                       |          |   |   |
| 6   |                      |            |                       |          |   |   |
| 7   |                      |            |                       |          |   |   |
| 8   |                      |            |                       |          |   |   |
| 9   |                      |            |                       |          |   |   |
| 10  |                      |            |                       |          |   |   |
| 11  |                      |            |                       |          |   |   |
| 12  |                      |            |                       |          |   |   |
| 13  |                      |            |                       |          |   |   |
| 14  |                      |            |                       |          |   |   |
| 15  |                      |            |                       |          |   |   |
| 16<br>17  |                      |            |                       |          |   |   |
| 18  |                      |            |                       |          |   |   |
| 19  |                      |            |                       |          |   |   |
| 20  |                      |            |                       |          |   |   |
|   |                      |            |                       |          |   |   |

| LOG / LEDGER quantum living advocate NAME / NUMBER | ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly ) |
|--|-----------------|------------|-----------------------|----------|---|--|
| 1  |                 |            |                       |          |   |  |
| 2  |                 |            |                       |          |   |  |
| 3  | -               |            |                       |          |   |  |
| 4  | -               |            |                       |          |   |  |
| 5  | -               |            |                       |          |   |  |
| 6  |                 |            |                       |          |   |  |
| 7  |                 |            |                       |          |   |  |
| 8  |                 |            |                       |          |   |  |
| 9  |                 |            |                       |          |   |  |
| 10   |                 |            |                       |          |   |  |
| 11   |                 |            |                       |          |   |  |
| 12   |                 |            |                       |          |   |  |
| 13   |                 |            |                       |          |   |  |
| 15   |                 |            |                       |          |   |  |
| 16   |                 |            |                       |          |   |  |
| 17   |                 |            |                       |          |   |  |
| 18   |                 |            |                       |          |   |  |
| 19   |                 |            |                       |          |   |  |
| 20   |                 |            |                       |          |   |  |

| LOG / LEDGER quantum living advocate  NAME / NUMBER | ,<br>ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly) |
|---|----------------------|------------|-----------------------|----------|---|---|
| 1   |                      | ,<br>      | <b>0</b> ,            |          | 3 3 3,  |   |
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| LOG / LEDGER quantum living advocate NAME / NUMBER | ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly ) |
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| LOG / LEDGER quantum living advocate  NAME / NUMBER | ,<br>ENROLLMENT DATE | SOLEX GOAL | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | CONTACT FREQUENCY<br>(Daily, Weekly, Monthly) |
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| 1   |                      | ,<br>      | <b>0</b> ,            |          | 3 3 3,  |   |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНОАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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| LOG / LEDGER  preferred customer  NAME / NUMBER | ENROLLMENT DATE | COUNTRY | SUBSCRIPTION RUN DATE | ВІКТНДАУ | OCCUPATION<br>(EX. Dentist, Naturopath<br>Stay-at-Home Mom) | DATE OF LAST CONTACT |
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