| Date:        | Aug. 16th, 2021  |
|--------------|--|
| Your Name:_  | Shuming Zhang  |
| Manuscript T | itle: <u>Altered structural covariance and functional connectivity of the insula in patients w</u> |
| ith Crohn's  | disease  |
| Manuscript n | umber (if known): QIMS-21-509-R3   |
| •            |  |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| <b></b> |  | 1  |  |
|---------|--|--|--|
|         |  |  |  |
|         |  |  |  |
| 5       | Payment or honoraria for<br>lectures, presentations, | XNone  |  |
|         | speakers bureaus,                                    |  |  |
|         | manuscript writing or                                |  |  |
|         | educational events                                   |  |  |
| 6       | Payment for expert                                   | X None                                       |  |
| 0       | testimony  |  |  |
|         | testimony  |  |  |
| 7       | Current for attanding                                | V. Noro                                      |  |
| 7       | Support for attending<br>meetings and/or travel      | XNone  |  |
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |
| 0       | Detents glapped issued as                            | V. Nana                                      |  |
| 8       | Patents planned, issued or                           | XNone  |  |
|         | pending  |  |  |
|         |  |  |  |
| 9       | Participation on a Data                              | XNone  |  |
|         | Safety Monitoring Board or                           |  |  |
|         | Advisory Board                                       |  |  |
| 10      | Leadership or fiduciary role                         | XNone  |  |
|         | in other board, society,                             |  |  |
|         | committee or advocacy                                |  |  |
|         | group, paid or unpaid                                | <u>                                     </u> |  |
| 11      | Stock or stock options                               | XNone  |  |
|         |  |  |  |
|         |  |  |  |
| 12      | Receipt of equipment,                                | X_None                                       |  |
|         | materials, drugs, medical                            |  |  |
|         | writing, gifts or other                              |  |  |
|         | services   |  |  |
| 13      | Other financial or non-                              | X None                                       |  |
|         | financial interests                                  |  |  |
|         |  |  |  |
|         |  |  |  |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:        | _ Aug. 16th, 2021  |       |
|--------------|--|-------|
| Your Name:_  | Fenrong Chen   |       |
| Manuscript 1 | Title: <u>Altered structural covariance and functional connectivity of the insula in patie</u> | nts w |
| ith Crohn's  | s disease  |       |
| Manuscript r | number (if known): QIMS-21-509-R3  |       |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| <b></b> |  | 1  |  |
|---------|--|--|--|
|         |  |  |  |
|         |  |  |  |
| 5       | Payment or honoraria for<br>lectures, presentations, | XNone  |  |
|         | speakers bureaus,                                    |  |  |
|         | manuscript writing or                                |  |  |
|         | educational events                                   |  |  |
| 6       | Payment for expert                                   | X None                                       |  |
| 0       | testimony  |  |  |
|         | testimony  |  |  |
| 7       | Current for attanding                                | V. Noro                                      |  |
| 7       | Support for attending<br>meetings and/or travel      | XNone  |  |
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |
| 0       | Detents glapped issued or                            | V. Nana                                      |  |
| 8       | Patents planned, issued or                           | XNone  |  |
|         | pending  |  |  |
|         |  |  |  |
| 9       | Participation on a Data                              | XNone  |  |
|         | Safety Monitoring Board or                           |  |  |
|         | Advisory Board                                       |  |  |
| 10      | Leadership or fiduciary role                         | XNone  |  |
|         | in other board, society,                             |  |  |
|         | committee or advocacy                                |  |  |
|         | group, paid or unpaid                                | <u>                                     </u> |  |
| 11      | Stock or stock options                               | XNone  |  |
|         |  |  |  |
|         |  |  |  |
| 12      | Receipt of equipment,                                | X_None                                       |  |
|         | materials, drugs, medical                            |  |  |
|         | writing, gifts or other                              |  |  |
|         | services   |  |  |
| 13      | Other financial or non-                              | X None                                       |  |
|         | financial interests                                  |  |  |
|         |  |  |  |
|         |  |  |  |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:      | Aug. 16th, 2021               |  |
|------------|-------------------------------|--|
| Your Name: | Jiayu Wu                      |  |
| Manuscript | Fitle: <u>Altered structu</u> | ral covariance and functional connectivity of the insula in patients w |
| ith Crohn' | s disease                     |  |
| Manuscript | number (if known):            | QIMS-21-509-R3   |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:        | Aug. 16th, 2021   |
|--------------|---|
| Your Name:_  | Chengxiang Liu  |
| Manuscript 1 | itle: Altered structural covariance and functional connectivity of the insula in patients w |
| ith Crohn's  | disease   |
| Manuscript r | number (if known): QIMS-21-509-R3   |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

| <b></b> |  | 1  |  |
|---------|--|--|--|
|         |  |  |  |
|         |  |  |  |
| 5       | Payment or honoraria for<br>lectures, presentations, | XNone  |  |
|         | speakers bureaus,                                    |  |  |
|         | manuscript writing or                                |  |  |
|         | educational events                                   |  |  |
| 6       | Payment for expert                                   | X None                                       |  |
| 0       | testimony  |  |  |
|         | testimony  |  |  |
| 7       | Current for attanding                                | V. Noro                                      |  |
| 7       | Support for attending<br>meetings and/or travel      | XNone  |  |
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |
| 0       | Detents glapped issued as                            | V. Nana                                      |  |
| 8       | Patents planned, issued or                           | XNone  |  |
|         | pending  |  |  |
|         |  |  |  |
| 9       | Participation on a Data                              | XNone  |  |
|         | Safety Monitoring Board or                           |  |  |
|         | Advisory Board                                       |  |  |
| 10      | Leadership or fiduciary role                         | XNone  |  |
|         | in other board, society,                             |  |  |
|         | committee or advocacy                                |  |  |
|         | group, paid or unpaid                                | <u>                                     </u> |  |
| 11      | Stock or stock options                               | XNone  |  |
|         |  |  |  |
|         |  |  |  |
| 12      | Receipt of equipment,                                | X_None                                       |  |
|         | materials, drugs, medical                            |  |  |
|         | writing, gifts or other                              |  |  |
|         | services   |  |  |
| 13      | Other financial or non-                              | X None                                       |  |
|         | financial interests                                  |  |  |
|         |  |  |  |
|         |  |  |  |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:        | _Aug. 16th, 2021  |
|--------------|---|
| Your Name:_  | Guang Yang  |
| Manuscript T | Title: <u>Altered structural covariance and functional connectivity of the insula in patients w</u> |
| ith Crohn's  | s disease   |
| Manuscript r | number (if known): QIMS-21-509-R3   |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:                   | _ Aug. 16th, 2021                     |   |            |
|-------------------------|---------------------------------------|---|------------|
| Your Name:              | Ruiqing Piao                          |   |            |
| Manuscript <sup>-</sup> | Title: <u>Altered structural cova</u> | riance and functional connectivity of the insula in | patients w |
| ith Crohn's             | <u>s disease</u>                      |   | -          |
| Manuscript              | number (if known): QIMS-2             | 1-509-R3  |            |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:        | Aug. 16th, 2021  |     |
|--------------|--|-----|
| Your Name:_  | Bowen Geng   |     |
| Manuscript 1 | itle: <u>Altered structural covariance and functional connectivity of the insula in patients</u> | 5 W |
| ith Crohn's  | disease  |     |
| Manuscript r | number (if known): QIMS-21-509-R3  |     |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |
| 3 | Royalties or licenses  | XNone  |   |
| 4 | Consulting fees  | XNone  |   |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:        | Aug. 16th, 2021            |  |
|--------------|----------------------------|--|
| Your Name:   | Ke Xu _                    |  |
| Manuscript 1 | Fitle: <u>Altered stru</u> | actural covariance and functional connectivity of the insula in patients w |
| ith Crohn's  | s disease                  |  |
| Manuscript ı | number (if known)          | : QIMS-21-509-R3   |

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|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)<br>Time frame: Since the initial | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|---|---|
|   |  | Time frame. Since the initial   | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone   |   |
|   |  | Time frame: past  | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone   |   |
| 3 | Royalties or licenses  | XNone   |   |
| 4 | Consulting fees  | XNone   |   |

| 5  | Payment or honoraria for     | XNone  |  |
|----|------------------------------|--------|--|
|    | lectures, presentations,     |        |  |
|    | speakers bureaus,            |        |  |
|    | manuscript writing or        |        |  |
|    | educational events           |        |  |
| 6  | Payment for expert           | XNone  |  |
|    | testimony                    |        |  |
|    |                              |        |  |
| 7  | Support for attending        | XNone  |  |
|    | meetings and/or travel       |        |  |
|    |                              |        |  |
|    |                              |        |  |
|    |                              |        |  |
| 8  | Patents planned, issued or   | X None |  |
| 0  | pending                      |        |  |
|    |                              |        |  |
| •  |                              |        |  |
| 9  | Participation on a Data      | XNone  |  |
|    | Safety Monitoring Board or   |        |  |
|    | Advisory Board               |        |  |
| 10 | Leadership or fiduciary role | XNone  |  |
|    | in other board, society,     |        |  |
|    | committee or advocacy        |        |  |
|    | group, paid or unpaid        |        |  |
| 11 | Stock or stock options       | XNone  |  |
|    |                              |        |  |
|    |                              |        |  |
| 12 | Receipt of equipment,        | X_None |  |
|    | materials, drugs, medical    |        |  |
|    | writing, gifts or other      |        |  |
|    | services                     |        |  |
| 13 | Other financial or non-      | X None |  |
| 13 | financial interests          |        |  |
|    |                              |        |  |
|    |                              |        |  |

None.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:  | Aug. 16th, 2021               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| Your Name:_                                  | Peng Liu                      |  |  |  |  |
| Manuscript 1                                 | Fitle: <u>Altered structu</u> | ral covariance and functional connectivity of the insula in patients w |  |  |  |
| ith Crohn's                                  | s disease                     |  |  |  |  |
| Manuscript number (if known): QIMS-21-509-R3 |                               |  |  |  |  |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |  |  |  |  |
|---|--|--|---|--|--|--|--|
|   | Time frame: Since the initial planning of the work   |  |   |  |  |  |  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | XNone  |   |  |  |  |  |
|   |  | Time frame: past   | 36 months   |  |  |  |  |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | XNone  |   |  |  |  |  |
| 3 | Royalties or licenses  | XNone  |   |  |  |  |  |
| 4 | Consulting fees  | XNone  |   |  |  |  |  |

|    |   |        | 1 |
|----|---|--------|---|
|    |   |        |   |
|    | -   |        |   |
| 5  | Payment or honoraria for lectures, presentations,                                 | XNone  |   |
|    |   |        |   |
|    | speakers bureaus,   |        |   |
|    | manuscript writing or   |        |   |
|    | educational events  |        |   |
| 6  | Payment for expert  | XNone  |   |
|    | testimony   |        |   |
|    |   |        |   |
| 7  | Support for attending<br>meetings and/or travel                                   | XNone  |   |
|    |   |        |   |
|    |   |        |   |
|    |   |        |   |
|    |   |        |   |
| 8  | Patents planned, issued or  | XNone  |   |
|    | pending   |        |   |
|    |   |        |   |
| 9  | Participation on a Data   | X None |   |
| 5  | Safety Monitoring Board or<br>Advisory Board                                      |        |   |
|    |   |        |   |
| 10 | Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy | X None |   |
| 10 |   |        |   |
|    |   |        |   |
|    | group, paid or unpaid   |        |   |
| 11 | Stock or stock options  | X None |   |
| 11 |   |        |   |
|    |   |        |   |
| 12 | Descipt of a maintenant   | V Neze |   |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other     | X_None |   |
|    |   |        |   |
|    |   |        |   |
|    |   |        |   |
| 13 | Other financial or non-<br>financial interests                                    | XNone  |   |
|    |   |        |   |
|    |   |        |   |
| 13 |   | XNone  |   |
|    |   |        |   |

None.

# Please place an "X" next to the following statement to indicate your agreement: