

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

Atalar Aksit 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Melis	rst Name)	2. Surname (Last Name) Atalar Aksit		3. Date 11-September-2018
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	e
5. Manuscript Title Acquired CFTR D		raphic Bronchiectasis in C	urrent and Former Smokers: <i>i</i>	A Cross-Sectional Study
6. Manuscript Ider	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer		tionships (regardless of amount Id as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Atalar Aksit 2



Section 5.						
Section 5.	Relationships not covered above					
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?					
Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):					
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Section 6.	Disclosure Statement					
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Mrs. Atalar Aksit	has nothing to disclose.					

Evaluation and Feedback

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Atalar Aksit 3



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Bhatt 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Surya	2. Surname (Last Name) Bhatt		3. Date 11-September-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Acquired CFTR Dysfunction and Radiog	raphic Bronchiectasis in C	urrent and Former Sn	nokers: A Cross-Sectional Study
6. Manuscript Identifying Number (if you kn	ow it)		
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Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
NIH	✓		K23HL133438
Section 3. Relevant financial	activities outside the s	ubmitted work.	
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Name of Entity	Grant	n-Financial upport?	Comments
ProterixBio			Research funds paid to institute
Sunovion			Advisory Board

Bhatt 2



Continue 4
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Dr. Bhatt reports grants from NIH, during the conduct of the study; other from ProterixBio, other from Sunovion, outside the submitted work; .

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Cutting 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Garry	2. Surname (Last Name) Cutting	3. Date 11-September-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Steven M. Rowe
5. Manuscript Title Acquired CFTR Dysfunction and Radiog	raphic Bronchiectasis in C	urrent and Former Smokers: A Cross-Sectional Study
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Section 2. The Work Under Co	onsideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere		
If yes, please fill out the appropriate info Excess rows can be removed by pressin		re more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other? Comments
NIH	✓	
CF Foundation	✓	
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Are there any relevant conflicts of interest	est? Yes 🗸 No	
Section 4. Intellectual Proper	rty Patents & Copyric	yhts
Do you have any patents, whether plan		

Cutting 2



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Relationships not covered above
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Dr. Cutting reports grants from NIH, grants from CF Foundation, during the conduct of the study; .

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4. Are you the corresponding author?		☐ Yes ✓ No	Correspond Steve Row	ling Author's Name e			
	5. Manuscript Title Acquired CFTR Dysfunction Associates With Radiographic Bronchiectasis in COPD						
6. Manuscript Ide White-201805-3	ntifying Number (if you kn 25OC.R2	ow it)					
Section 2							
Section 2.	The Work Under Co	onsideration for F	ublication				
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Are there any rel	evant conflicts of intere	st? 🗸 Yes	No				
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	,,		Non-Financial	2			
Name of Institut	ion/Company	Grant? Personal Fees?	Support?	Other Commen	its		
NIH		✓					
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Section 3.	Relevant financial a	activities outside	the submitted v	work.			
of compensation	the appropriate boxes ir n) with entities as descril I +" box. You should rep	bed in the instructio	ns. Use one line fo	r each entity; add as	many lines as you need	d by	
•	evant conflicts of intere		No				
If yes, please fill o	out the appropriate info	rmation below.					
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other? Commen	its		
Department of Defer	ise	✓					
Boehringer Ingelhein	n			Consulting a trials	and contracted clinical		
GlaxoSmithKline				Consulting a	and contracted clinical		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Novartis				✓	Contracted clinical trials	
AstraZeneca		✓		✓	Consulting and contracted clinical trials	
Yungjin				✓	Contracted clinical trials	
PneumRx/BTG		✓		✓	Consulting and contracted clinical trials	
Pulmonx				✓	Contracted clinical trials	
Genentech		\checkmark			Consulting	
Boston Scientific		✓		✓	Consulting and contracted clinical trials	
Quark Pharmaceuticals		✓			Consulting	
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Dr. Dransfield reports grants from NIH, during the conduct of the study; grants from Department of Defense, personal fees and other from Boehringer Ingelheim, personal fees and other from GlaxoSmithKline, other from Novartis, personal fees and other from AstraZeneca, other from Yungjin, personal fees and other from PneumRx/BTG, other from Pulmonx, personal fees from Genentech, personal fees and other from Boston Scientific, personal fees from Quark Pharmaceuticals, grants from NIH, outside the submitted work;

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Nath 1



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of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer		tionships (regardless of amount ld as many lines as you need by onths prior to publication.
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Nath 2



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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Raju 1



Section 1. Identifying Inform	nation	
Given Name (First Name) S.Vamsee	2. Surname (Last Name) Raju	3. Date 11-September-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steven M. Rowe
5. Manuscript Title Acquired CFTR Dysfunction and Radio	graphic Bronchiectasis in C	urrent and Former Smokers: A Cross-Sectional Study
6. Manuscript Identifying Number (if you k White-201805-325OC.R2	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ribed in the instructions. Use port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Raju 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Raju has notl	hing to disclose.		

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Raju 3



Instructions

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Raraigh 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Karen	2. Surname (Last Name) Raraigh	3. Date 11-September-2018					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steven M. Rowe					
5. Manuscript Title Acquired CFTR Dysfunction and Radio	graphic Bronchiectasis in Cu	urrent and Former Smokers: A Cross-Sectional Study					
6. Manuscript Identifying Number (if you k	now it)						
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Section 3. Relevant financial	activities outside the s	ubmitted work.					
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Section 4. Intellectual Prope	rty Patents & Copyrig	hts					
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Raraigh 2



Section 5. Polationships not sovered above
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Ms. Raraigh has nothing to disclose.

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Raraigh 3



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Rasmussen 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Lawrence	2. Surname (Last Name) Rasmussen	3. Date 11-September-2018			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steven M. Rowe			
5. Manuscript Title Acquired CFTR Dysfunction and Radiog	graphic Bronchiectasis in Cu	urrent and Former Smokers: A Cross-Sectional Study			
6. Manuscript Identifying Number (if you kr	now it)				
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Section 3. Relevant financial					
Relevant financial	activities outside the s	ubmitted work.			
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Rasmussen 2



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Dr. Rasmussen has nothing to disclose.

Evaluation and Feedback

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Rasmussen 3



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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Inform	nation							
1. Given Name (Fi Steven	. , ,	2. Surname (Last N Rowe	lame)		3. Date 12-September-2018				
4. Are you the cor	4. Are you the corresponding author? ✓ Yes								
5. Manuscript Title Acquired CFTR Dysfunction and Radiographic Bronchiectasis in Current and Former Smokers: A Cross-Sectional Study									
6. Manuscript Idei	ntifying Number (if you kr	now it)							
	ı								
Section 2.	The Work Under C	onsideration for	Publication						
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Section 3.	Section 3. Relevant financial activities outside the submitted work.								
of compensation clicking the "Ado Are there any rel	n) with entities as descri	ibed in the instruct port relationships to set? Yes	ons. Use one line fo	or each entity;	elationships (regardless of a add as many lines as you r months prior to publicati	need by			
Name of Entity		Grant? Person	Non-Financial Support?	Other? Co	omments				
Bayer		√							
Forest Research Instit	tute	✓							
AstraZeneca		✓							
N30/Nivalis		✓							
Novartis		✓							
Galapagos/AbbVie		✓							
Proteostasis		✓							
Eloxx									



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Celtaxsys	✓	✓			Consulting on the conduct and analysis of CF clinical trials.	
PTC Therapeutics	✓					
Vertex Pharmaceuticals Incorporated	✓	✓	/		Consulting on the conduct of CF clinical trials, advisory board activity on the use of endpoints in CF trials, in kind support for NIH sponsored clinical trial.	
Bayer		✓			Consulting on the conduct and analysis of CF clinical trials.	
Novartis		✓			Consulting on the conduct and analysis of CF clinical trials.	
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
Section 5. Relationships not c	overed	above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						
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Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rowe reports grants from Bayer, grants from Forest Research Institute, grants from AstraZeneca, grants from N30/Nivalis, grants from Novartis, grants from Galapagos/AbbVie, grants from Proteostasis, grants from Eloxx, grants and personal fees from Celtaxsys, grants from PTC Therapeutics, grants, personal fees and non-financial support from Vertex Pharmaceuticals Incorporated, personal fees from Bayer, personal fees from Novartis, outside the submitted work;

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Solomon 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi George	rst Name)	2. Surname (Last Name) Solomon	3. Date 11-Septembe	r-2018		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Steven M. Rowe			
5. Manuscript Title Acquired CFTR D		graphic Bronchiectasis in C	urrent and Former Smokers: A Cross-Section	onal Study		
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts			
Do you have any				✓ No		

Solomon 2



Section 5.	Relationships not covered above				
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Dr. Solomon received grant funding from Vertex Pharmaceuticals, Bayer Pharmaceuticals, ProQR Therapeutics, and Electromed Inc for conduct of clinical trials.					
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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Teerapuncharoen 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Krittika	rst Name)	2. Surname (Last Name) Teerapuncharoen		Date -September-2018	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Steven M. Rowe		
5. Manuscript Title Acquired CFTR D		raphic Bronchiectasis in C	urrent and Former Smokers: A C	Cross-Sectional Study	
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2.	The Work Under C	onsideration for Public	ation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo					
Section 3.	Dalamark Caracial		alander dans d		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No	

Teerapuncharoen 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Teerapuncha	roen has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Section 1. Identifying Inform	ation				
Given Name (First Name) James Michael	2. Surname (Last Name) Wells		3. Date 11-September-2018		
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Steven M. Rowe				
5. Manuscript Title Acquired CFTR Dysfunction and Radiog	raphic Bronchiectasis in C	urrent and Former Sr	mokers: A Cross-Sectional Study		
6. Manuscript Identifying Number (if you kn White-201805-325OC.R2	ow it)				
		_			
Section 2. The Work Under Co	onsideration for Publi	cation			
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	. , .	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation,		
Are there any relevant conflicts of intere		e more than one ent	ity press the "ADD" button to add a row.		
Excess rows can be removed by pressing		- more than one em			
Name of Institution/Company	Grant•	n-Financial Other	Comments		
NIH/NHLBI	✓		K08 HL123940		
Cystic Fibrosis Foundation	✓				
Section 3. Relevant financial a	activities outside the	submitted work.			
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions. Use ort relationships that we	se one line for each e	ntity; add as many lines as you need by		
Are there any relevant conflicts of intere					
If yes, please fill out the appropriate info	imation below.				
Name of Entity	Grant	n-Financial Other	Comments		
SSK	✓		Contracts to conduct clinical trials; Advisory Board		
AZ			Contracts to conduct clinical trials		



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Mereo BioPharma	✓			✓	Contracts to conduct clinical trials; Advisory Board	
Bayer	Contracts to conduct clinical trials					
Quintiles		✓ Consultant				
BI				✓	Advisory Board	
Section 4. Intellectual Propert	v Pate	ents & Cor	ovrights			
Do you have any patents, whether planne	•	•		nt to the	work? ☐ Yes ✔ No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote in				nfluence	d, or that give the appearance of	
Yes, the following relationships/conditions/circumstances are present (explain below):						
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