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SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

	UNCLASSIFIED		CONFIDENTIAL		~~SECRET~~

CENTRAL INTELLIGENCE AGENCY

OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	INITIALS	DATE
1	Assistant Director for Central Reference		B
2	Attn: Chief, Liaison & Collection Div./OCR		
3		[illegible]	5 June 59
4			
5			
6			

	ACTION		DIRECT REPLY		PREPARE REPLY
	APPROVAL		DISPATCH		RECOMMENDATION
	COMMENT		FILE		RETURN
	CONCURRENCE		INFORMATION		SIGNATURE

Remarks:

25X1A9a

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
Mr. [redacted] Executive Officer/OSI	3 Jun 59

	UNCLASSIFIED		CONFIDENTIAL		~~SECRET~~

FORM NO. 237 Replaces Form 30-4 which may be used. (40)

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TRANSMITTAL SLIP	DATE
TO: Chief 25X1A6G CD	
ROOM NO.	BU [redacted]

REMARKS:

FROM: OAD/CD

ROOM NO.	BUILDING	EXTENSION

FORM NO. 241
1 FEB 55

REPLACES FORM 36-8
WHICH MAY BE USED.

(47)

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