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3. FUNCTIONAL AREA	X	LOGISTICS		SECURITY .			OTHER (specify)				
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4. NO. OF COPIES PRE	PARED	5. FREQUENCY (reckly, mo	nthly, quar	terly, etc.)		ISTRIBUTIO		of compor	ents not	
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3 SEMIANNUAL 3										-	
7. FORMAT (memorandum, form 8. ADP PROCESSING 9. DIRECTIVE AUTHORITY REQUIRING REPORT computer print-out, etc) YES IF YES GIVE ADP PROCESSING NO.											
MEMORANDUM	•	YES IF Y	ES GIVE A	DP PROCESSI	NG NO.						
10. PREPARING COMPONE			1 11	- FEEDER RE	PORTS (State	total	number en	d ident	ifu bu Ti		
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13. COMPLETE DETAILED	JUSTIF	ICATION FOR THIS	REPORT (in addition	to directive	or au	thority ci	ted in	item 9).	IF KNOWN,	
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16. DATE OF INVENTORY		NAME AND TITLE				/ ==	<i>-</i>		18.	EXTENSION	
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