


<b>TRANSMITTAL SLIP</b>		DATE 20 October 1967
TO: Director of Medical Services		
ROOM NO. 1D-4067	BUILDING Hqs.	
REMARKS:  Per our telephone conversation of  20 October.    <i>C/PS will attend.</i>		
FROM: AEO-DD/S		
ROOM NO. 7D-02	BUILDING Hqs.	EXTENSION

25X1A9a

FORM NO. 241  
1 FEB 55

REPLACES FORM 36-8  
WHICH MAY BE USED.

(47)