

25X1A9a

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM

<input checked="" type="checkbox"/> UNCLASSIFIED	<input checked="" type="checkbox"/> CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET
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OFFICIAL ROUTING SLIP

TO	NAME AND ADDRESS	DATE	INITIALS
1	Dr [REDACTED]		[Signature]
2	C/FSS	19 APR 1971	[Signature]
3	C/OD	20 APR 1971	[Signature]
4	C/PS	21 APR 1971	[Signature]
5	C/CD		[Signature]
6	C/PSS	27 APR 1971	[Signature]

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input checked="" type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks:

28 APR 1971
EXO/oms
File

FOLD HERE TO RETURN TO SENDER

FROM: NAME, ADDRESS AND PHONE NO.	DATE
EXO/oms	16 Apr 71

<input type="checkbox"/> UNCLASSIFIED	<input checked="" type="checkbox"/> CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET
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FORM NO. 1-67 237 Use previous editions

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