

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL <input checked="" type="checkbox"/>
<b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	DATE	INITIALS
1	ADCA	4 Jan	ALB
2			
3			
4			
5	S/O	4 JAN 1971	<input checked="" type="checkbox"/>
6	D/MS		
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	PREPARE REPLY
			RECOMMENDATION
			RETURN
			SIGNATURE
<b>Remarks:</b> D/MS requests recommendation and/or comments. 1-5 [redacted] has the second copy of this document.			
FOLD HERE TO RETURN TO SENDER			
[redacted] E. ADDRESS AND PHONE NO.			DATE
[redacted]			16 Dec 70
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL <input checked="" type="checkbox"/>
SECRET			

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