

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED	CONFIDENTIAL SECRET				
OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	DATE	INITIALS		
1	DD/MS	6 NOV 1970	<i>[Handwritten initials]</i>		
2					
3	AD/CA	6 NOV 1970	<i>[Handwritten initials]</i>		
4					
5					
6	D/MS	6 NOV 1970			
<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 checked="" type="checkbox"/>	RETURN
<input type="checkbox"/>	CONCURRENCE	<input checked="" type="checkbox"/>	INFORMATION	<input type="checkbox"/>	SIGNATURE
Remarks:					
<p>#1 & 3: Is any other distribution indicated?</p> <p><i>Those members of the Professional Staff who have been active in the Drug Abuse review in OMS might well be interested in the results of this meeting - CAS</i></p>					
FOLD HERE TO RETURN TO SENDER					
FROM: NAME, ADDRESS AND PHONE NO.				DATE	
D/MS				6 Nov	
UNCLASSIFIED	CONFIDENTIAL	SECRET			

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