

Date 10-2-91

TO: (Name, office symbol, room number, building, Agency/Post)	1. DT (MR BERBRUCH)	Initials	Date
	2.		
	3.		
	4.		
	5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
<input checked="" type="checkbox"/> As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

o ATTACHED IS DRAFT SUMMARY FOR 19 SEPT 91 SEALED PHOTO TASK.

- I PLAN TO DO A "SUMMARY" OF ALL DATA.

- THIS IS AN ADV. COPY.

- ADDITIONAL DETAILS ON FILE.

o ALSO AM RETURNING TARGET ENVELOPE, UNOPENED.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

	(Post)	Room No.—Bldg.
		Phone No.

Approved

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