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O: (Name. office symbol, room number, building, Agency/Post)		Initials Date
COL CAPPS		X Soe
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SUB.I: GRTLL FLA	WE MEMO TO DR LABER	CF
Action	ME MEMO TO DR LABER	GE Note and Return
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Action Approval	File For Clearance	Note and Return Per Conversation
Action Approval As Requested Circulate Comment	File For Clearance For Correction For Your Information Investigate	Note and Return Per Conversation Prepare Reply
Action Approval As Requested Circulate	File For Clearance For Correction For Your Information	Note and Return Per Conversation Prepare Reply See Me

TAB C: OP41 DISCUSSING SUBJECT MATTER, PLUS ZA GO-AHEAD

SACO NOTE -- ISH POC CAN HAND CARRY TO ADDRESSEES. TO KEEP TIMING CONSISTENT, REQ ORIGINAL DATE THE REMAIN 3 OCT.

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

FROM: (Name, org. symt	bol, Agency/Post)	Room NoBldg.
DILLIAM L. STONER	SM Stormen	Phone No.
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