401161

ROUTING AND TRANSMITTAL SLIP

Date 12/3/80

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Dr. Burr		
Dr. Edington		
2. Dr. McCammon		
Dr. Thiessen		
3.	JCB	12/4/80
Mr. Mayhew		
4. Mr. McCraw		
5. Mr. Gottlieb		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

FYI

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

FROM: (Name, org. symbol, Agency/Post) Room No.—Bldg.

Bruce W. Wachholz, EV-30 GTN Phone No. 353-3208

5041-102

☆U.S. G.P.O. 1980-311-156/4

OPTIONAL FORM 41 (Rev. 7-76)
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