DEPARTMENT OF STATE
REFERENCE SLIP

DATE 6/29/61

TO: NAME OR TITLE	INITIALS	DATE
1. Mr. Kupree		
2. PT/7 - O'gorman / Mr. White		
3. PT/7Ea - mgil		
4.		
5.		

	APPROVAL		NOTE AND FORWARD
	AS REQUESTED		NOTE AND RETURN
	COMMENT		PER CONVERSATION
	FOR YOUR INFORMATION		PREPARE REPLY
	INITIAL FOR CLEARANCE		SEE ME
	NECESSARY ACTION		SIGNATURE

REMARKS OR ADDITIONAL ROUTING

Any need to clear thru PT/L7 case will be sent to PT/LL for review by Burdwi

6/30 Mr. White

GWH

FROM (NAME AND ORGANIZATION)

SIGNATURE Kupree

ROOM NO. AND BLDG.

PHONE NO.

X 32

Commission Exhibit No. 974