

File No. ~~157-1092~~ 44-1987-12-94

Date Received 4/8/68

From SV  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

By ME  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes  
 No

Receipt given  Yes  
 No

Description:

1 photo DR. EDWARD R. FIELDS TKN 1968