

File No. 44-1987-1A-100

Date Received 4-17-68

From [Signature]
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By M E
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

1 cc each
map L A area
map A T area

Serial Sub-B-134