

FORM DS-10  
4-1-55

DEPARTMENT OF STATE  
REFERENCE SLIP

DATE 6/29/61

NO.	NAME OR TITLE	ORGAN. SYMBOL	ROOM NO.	BLDG.	INITIALS	DATE
1.	Mr. Kupiec				MK	
2.	PT/LF - Groom				M. White	
3.	PT/FEa - mail					
4.						
5.						

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

REMARKS OR ADDITIONAL ROUTING

Any need to clear  
three PT/LF case  
will be sent to  
PT/LC for review by  
Bureau

6/30 Mr. White  
I do not think we should make  
any more decisions in respect to  
C. White's management to see the  
informed by the management  
what we are doing in this  
matter to help.

6/30

FROM (NAME AND ORGANIZATION)

ROOM NO. AND BLDG.

SIGNATURE *M Kupiec*

PHONE NO.

X  
3  
2