

File No. \_\_\_\_\_

Date Received 9-5-71

From SA Raymond C. Eckenrode  
(NAME OF CONTRIBUTOR)

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

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

EDGAL N. BEST  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes  No      Receipt Given  Yes  No

Description:

Sworn Signed Statement  
of SA Raymond C. Eckenrode