FD-340 REV. (6-24-65)

File No. _____

Date Received 9-5-75

From SA Gaston C. Thompson
(NAME OF CONTRIBUTOR)

_____
(ADDRESS OF CONTRIBUTOR)

_____
(CITY AND STATE)

EDGAR N. BEST
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt Given ☐ Yes ☐ No

Description:

Interrogation; advice of Rights form