

FORM DS-12 4-1-55		DEPARTMENT OF STATE REFERENCE SLIP		DATE 11/25/59
TO:		ORGAN. SCHOOL	ROOM	
1.	NAME OR TITLE E.E. SOV		IV - 59(2)	
2.	Miss. V. James			
3.				
4.				
5.				
APPROVAL		NOTE AND FORWARD		
AS REQUESTED		NOTE AND RETURN		
COMMENT		PER CONVERSATION		
FOR YOUR INFORMATION		PREPARE REPLY		
INITIAL FOR CLEARANCE		SEE ME		
NECESSARY ACTION		SIGNATURE		
REMARKS OR ADDITIONAL ROUTING				GPO 574856
<p>We do not have extra confirmation copies of this copy, made extra when not was typed originally, suffice?</p>				
FROM (NAME AND ORGANIZATION)		ROOM NO. AND BLDG.		
P.P.J.		59-15-252		
SIGNATURE		PHONE NO.		
B. Waterman		2847		

COMMISSION EXHIBIT 957