

DEPARTMENT OF STATE REFERENCE SLIP		DATE
6/29/61		
TO: NAME OR TITLE	ROOM	INITIALS
1. Mr. Kupiec		HK
2. PT/F - G.W.M.		Mr. White
3. PT/FEA - Mail		
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		
<p>Any need to clear thru PT/L? Case will be sent to PT/LL for review by Bureau.</p> <p>6/30 Mr. White,</p> <p>I don't think we should make categorical decision on protection. (4th paragraph). I would inform Embassy to use its discretion in an emergent situation involving protection and otherwise submit facts to Department.</p> <p>(G.W.M.)</p> <p>C O P Y</p>		
FROM: (Name and Org. Symbol)		ROOM NO. & BLDG.
(H.F. Kupiec)		
SIGNATURE		PHONE NO.
[Signature]		

DEPARTMENT OF STATE REFERENCE SLIP		DATE
6/29/61		
TO: (Name or Title, Org. Symbol, Room No. and Bldg.)		Initials
1. Mr. Kupiec		(HKF)
2. PT/F - G.W.M.		(Mr. White)
3. PT/FEA - Mail		
4. File		
5.		
Approval	Initial for Clearance	Per Conversation
As Requested	Necessary Action	Prepare Reply
Comment	Note and Forward	See Me
For Your Information	Note and Return	Signature
REMARKS OR ADDITIONAL ROUTING		
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FROM: (Name and Org. Symbol)		ROOM NO. & BLDG.
(H.F. Kupiec)		
PHONE NO.		

COMMISSION EXHIBIT 974