

MORNING REPORT

23

ADR

11

ORGANIZATION Story A

215

10-6
CYCLOP

STATION OR LOCATION

10-11-1964

1. **NAME** _____

NAME	SERIAL NUMBER	GRADE	MOB	AGE
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No Change

Limited asgmt pers asgd & atchd, unasgd: no
off; no AC; 3 SK: Total 3

[illegible]

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT.



Abstract

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USA

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MR. DE LOY: Thank you very much.

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