

RESTRICTED MORNING REPORT

ORGANIZATION **Med Det**

STATION OR LOCATION **Subord**

ENDING
PAGE

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MAY

PAGE 5

PA BR

MD

518 1st Subord

NAME SERIAL NUMBER GRADE ZON CODE

No Change

**No limited asgmt pers asgd & atchd unsgd:
to this org**

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

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SIGNATURE

Paul R. Thomas

PAUL R. THOMAS

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USA

RESTRICTED