

MEMO ROUTE SLIP

Form ERDA-93 (1-75) ERDAM 6240

<input checked="" type="checkbox"/> See me about this. Note and return.	<input checked="" type="checkbox"/> For cc For signature.	<input checked="" type="checkbox"/> For action. For information.
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TO (Name and unit) INITIALS
 Dr. S. Marks
 DBER, HQ

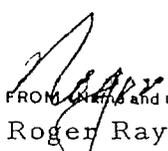
REMARKS
 Attached is a duplicate copy of a letter I mailed to
 you on January 23. We do not know the circumstance

TO (Name and unit) INITIALS

REMARKS
 of loss but our pouch of January 23 is understood
 to have never reached Headquarters. Because of
 the need for timely resolution of the Bikini medical

TO (Name and unit) INITIALS

REMARKS
 question, I am taking this means of furnishing you
 an expedited copy.

FROM (Name and unit) INITIALS

 Roger Ray
 A/M-E&S
 NV

cc: Dr. J. L. Liverman, DBER

PHONE NO.
3553

DATE
2-4-76
5009864