

FACSIMILE TRANSMISSION		1. SERIAL NUMBER	2. NO. OF PAGES
3. TO: <i>(Office Symbol and Last Name of Action Officer)</i>		4. FROM: <i>(Office Symbol and Last Name of Action Officer)</i>	
5. TYPE, SOURCE, SUBJECT AND DATE OF DOCUMENT(S) TRANSMITTED			
6. RELEASING OFFICIAL <i>(Type/Print Name)</i>		6.a. SIGNATURE	
7. NAME OF COMMUNICATIONS CENTER OPERATOR AND DATE-TIME-GROUP <i>(Type/Print)</i>			