

SECRET Do Not Reproduce
(When Filled In)

M342000-L

I understand that no change in my employment status or relationship with the United States Government will relieve me of my obligation under this Agreement.

I have been advised of the procedures to follow in order to determine the identity of individuals who have been approved for access to this Project, the current estimate of hazard involved in travel to a foreign area or to resolve any other question which may arise under this Agreement.

PROJECTS*	
JENNIFER 	
NAME OF WITNESS (Type or Print)	NAME (Type or Print) <i>Clare Boothe Luce</i> Clare Boothe Luce
SIGNATURE OF WITNESS <i>Robert E. Leidenheimer</i>	SIGNATURE
REMARKS	NAME & ADDRESS OF AFFILIATION
PHASE _____	PFIAB
SOCIAL SECURITY# _____	
DATE OF BIRTH _____	DATE
PLACE OF BIRTH _____	<i>1 August 1923</i>

*The signator should place his initials after each Project name.

VW