

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>		DATE <b>10 JULY 1974</b>	FILE NO. <b>3190</b>
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER <b>069-24-3138</b>	RETURN TO CIA Background Use Only Do Not Reproduce
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER <b>007657</b>	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) <b>VI</b>	ID CARD NUMBER	
ATTN: <b>CHIEF SUPPORT STAFF</b>	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF: <b>FORM 2458, DATED 19 JUNE 1974</b>		<input type="checkbox"/> DISCONTINUED	
SUBJECT <b>CHARLOTTE BUSTOS-VIDELA</b>	UNIT <b>99</b>		

# KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: _____
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> BASIC COVER PROVIDED <b>EOD</b> EFFECTIVE DATE _____	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HBB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <b>0</b> (HBB 20-7)	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HBB 20-11) <b>99</b>	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK
<input checked="" type="checkbox"/> EAA. CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <b>434</b> HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
<p>27 AUG 51--AUG 62--EAS-OVERT <b>99</b></p> <p>AUG 62--JULY 67--EAS <b>99</b></p> <p>JULY 67--10 AUG 72--MEXICO <b>99</b></p> <p>1 SEPT 72--27 JUNE 74--EAS <b>99</b></p> <p>28 JUNE 74-- <b>631</b></p>	

DISTRIBUTION:  
 COPY 1 - CD OR CPD  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - OS/SRACD  
 COPY 4 - OC/DD/TFB  
 COPY 5 - CCS FILE

EP:nlr

*James H. Franklin*  
 CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF

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