

SECRET

49696

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 27 MARCH 1975	FILE NO. 2500
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 391-24-4032	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024315	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	ESTABLISHED
REF: VERBAL		<input checked="" type="checkbox"/>	DISCONTINUED
SUBJECT DAVID ATLEE PHILLIPS		UNIT DEPARTMENT OF STATE	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/>	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: 22 JULY 1973
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HHB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/>	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)	<input checked="" type="checkbox"/>	EAA: CATEGORY I _____ CATEGORY II _____
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HHB 20-11)	<input checked="" type="checkbox"/>	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	<input checked="" type="checkbox"/>	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION BOARD
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK	
EAA. CATEGORY I _____ CATEGORY II _____		
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD		
REMARKS AND/OR COVER HISTORY 35 JAN 53-54-CHILE/SANTIAGO/NOC MAY 54-FEB 56-NEW YORK/NOC FEB 56-APRIL 57-CUBA/HAVANA-NOC APRIL 57-JULY 58-LEBANON/BEIRUT/NOC AUG 58-MARCH 60-CUBA/HAVANA/NOC MARCH 60-22 AUG 61-HQS/NOC 23 AUG 61-JULY 65-MEXICO/MEXICO CITY/STATE-INTEGRATED JULY 65-JUNE 67-STATE-INTEGRATED 16-10 JUNE 67-JAN 70-HQS-STATE/INTEGRATED JAN 70-JULY 71-STATE-INTEGRATED 16-25 JULY 71-JULY 72-STATE-INTEGRATED 16-25 		
DISTRIBUTION: COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD COPY 4 - OC-DO/TFB COPY 5 - CCS-FILE (TO BE CONTINUED) CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF <i>Geo. A. Christian, Jr.</i>		