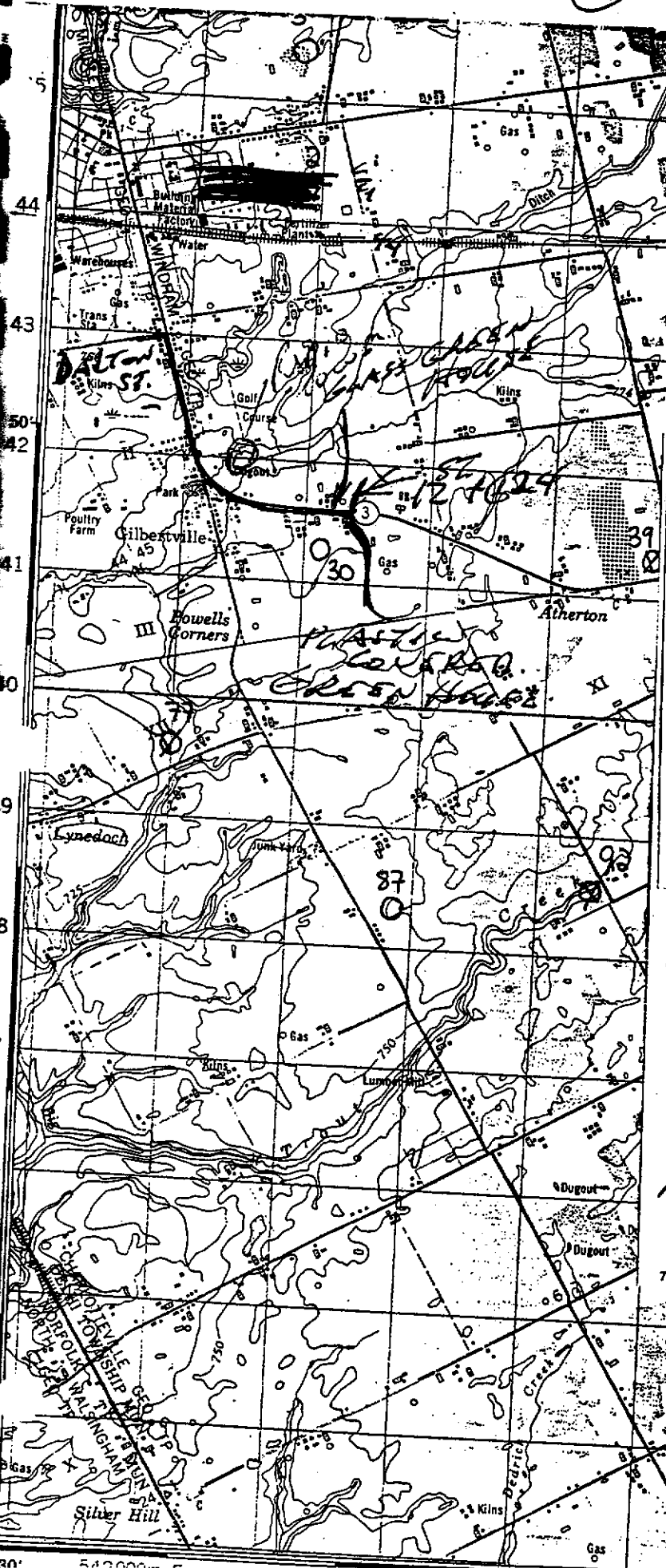


193

#5



Action Memo

Time _____ Date 87 09 12
 Year Month Day

To _____
 From (Name and City) _____

C 7

| | | | | |
|------------|-----------|---------------|------|------------------|
| I.C.N. No. | Area Code | Telephone No. | Ext. | Message Taken By |
|------------|-----------|---------------|------|------------------|

| | | | | |
|------------------------------------|---|---|--|----------------------------|
| <input type="checkbox"/> Phoned On | <input type="checkbox"/> Please Call Returned | <input type="checkbox"/> Will Call Back | <input type="checkbox"/> Waiting in Person | <input type="checkbox"/> V |
| <input type="checkbox"/> Hold | <input type="checkbox"/> Your Call | <input type="checkbox"/> Wishes Appointment | <input type="checkbox"/> Was Here | <input type="checkbox"/> R |

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> File | <input type="checkbox"/> Draft Reply For My Signature | <input type="checkbox"/> Provide More Details | <input type="checkbox"/> For Your Information |
| <input type="checkbox"/> Type Draft | <input type="checkbox"/> For Your Approval and Signature | <input type="checkbox"/> Keep Me Informed | <input type="checkbox"/> Per Discussion |
| <input type="checkbox"/> Type Final | <input type="checkbox"/> Circulate, Initial and Return | <input type="checkbox"/> Take Appropriate Action | <input type="checkbox"/> Per Your Request |
| <input type="checkbox"/> Make Copies | <input type="checkbox"/> Return With Comments | <input type="checkbox"/> Note and See Me | <input type="checkbox"/> Returned With Thanks |
| <input type="checkbox"/> Please Answer | <input type="checkbox"/> Investigate and Report | <input type="checkbox"/> Note and Return | <input type="checkbox"/> |

Comments:
 Cont 89-66
 B13-151
 B. Nichols Pi
 GRAN "A" ON
 SOUTH WES
 SHOULDER

7540-1087 (Rev. 6/87)

| | | | |
|--|---|--|-------------------------------|
| <input type="checkbox"/> Please Answer | <input type="checkbox"/> Investigate and Report | <input type="checkbox"/> Note and Return | <input type="checkbox"/> Over |
|--|---|--|-------------------------------|

Comments:
 89-11-10
 CHECK ON THUR
 MAT'L APP'AR 50
 BE COVERED ODEI
 89-11-17
 81-4264735 - Bob Cooper
 MAT'L IS COVERED OVER.

7540-1087 (Rev. 6/87)

