## TRANSMITTAL SLIP

DATE

TO: *OTS/C B*

ROOM NO. | BUILDING

REMARKS
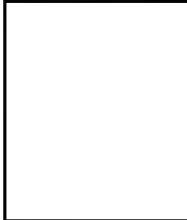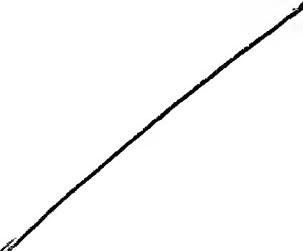
FROM:

ROOM NO. | BUILDING | EXTENSION

SG1I

FORM NO. 241 REPLACES FORM 36-8

(47)