

To John Malcom

| ROUTING AND TRANSMITTAL SLIP                        |  | DATE                                     |                                           |
|-----------------------------------------------------|--|------------------------------------------|-------------------------------------------|
| TO: (Name, office symbol, room number, Agency/Post) |  | Initials                                 | Date                                      |
| 1. Barry Sabin                                      |  |                                          |                                           |
| 2. Ronnie Edelman                                   |  |                                          |                                           |
| 3. Teresa McHenry                                   |  |                                          |                                           |
| 4. David Nahmias                                    |  | DAVE                                     | 8/11/04                                   |
| 5.                                                  |  |                                          |                                           |
| <input type="checkbox"/> Action                     |  | <input type="checkbox"/> File            | <input type="checkbox"/> Note & Return    |
| <input type="checkbox"/> Approval                   |  | <input type="checkbox"/> File Clearance  | <input type="checkbox"/> Per Conversation |
| <input type="checkbox"/> As Requested               |  | <input type="checkbox"/> File Correction | <input type="checkbox"/> Prepare Reply    |
| <input type="checkbox"/> Circulate                  |  | <input type="checkbox"/> FYI             | <input type="checkbox"/> See Me           |
| <input type="checkbox"/> Comment                    |  | <input type="checkbox"/> Investigate     | <input type="checkbox"/> Signature        |
| <input type="checkbox"/> Coordination               |  | <input type="checkbox"/> Justify         |                                           |
| [ ]                                                 |  |                                          |                                           |
| FROM: (Name, org. symbol, Agency/Post)              |  | Room No. -Bldg                           |                                           |
| (b)(6), (7)(c)                                      |  | 6500 - PHB                               |                                           |
| Counterterrorism Section/Criminal Division          |  | Phone No.                                |                                           |
|                                                     |  | 6-0725                                   |                                           |

b5

b5

Hand 1682

