

UNCLASSIFIED

Department of State Correspondence



EXECUTIVE SECRETARIAT

UNCLASSIFIED

Classification / Downgrader

Date: 4/7

LK 30

DATE DUE in S/ES: 4/9

RELEASED IN FULL

S/ES #: 200407818

X-Ref: (if any)

ACTION

Assigned To: NEA

ACTION REQUESTED:

HIGH PRIORITY

RECOMMENDATION FOR S UNDER COVER OF AN ACTION MEMO

WITH REPLY ATTACHED: LETTER FORMAT CABLE FORMAT

Or a written reason why bureau recommends against a reply (E-mail address: SES-CR)

REPLY FOR SIGNATURE BY _____ (no action memo)

DIRECT REPLY ON BEHALF OF S

PROVIDE INFO COPY OF DIRECT REPLY TO S/ES-CR & _____

REGRET BY PHONE & PROVIDE WRITTEN CONFIRMATION TO S/ES-CR (E-mail address: SES-CR)

OTHER (See "REMARKS / SPECIAL INSTRUCTIONS")

FOR APPROPRIATE HANDLING FOR YOUR INFORMATION

REMARKS / SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: SHARON E AHMAD
DATE/CASE ID: 15 DEC 2004 200303827

CLEAR WITH:

COPIES TO:	<input type="checkbox"/> S/ES	<input type="checkbox"/> A	<input type="checkbox"/> M/DGHR	<input type="checkbox"/> RM	<input type="checkbox"/> USUN/W
	<input type="checkbox"/> S/ES-CR	<input type="checkbox"/> AC	<input type="checkbox"/> M/FSI	<input type="checkbox"/> VC	<input type="checkbox"/> USOAS
<input type="checkbox"/> S	<input type="checkbox"/> S/ES-EX	<input checked="" type="checkbox"/> CA	<input type="checkbox"/> M/WHL		
<input type="checkbox"/> D	<input type="checkbox"/> S/ES-IRM	<input type="checkbox"/> DRL	<input type="checkbox"/> NP	<input type="checkbox"/> S/CPR	<input type="checkbox"/> USAID
<input type="checkbox"/> P	<input type="checkbox"/> S/ES-O	<input type="checkbox"/> DS	<input type="checkbox"/> OBO	<input type="checkbox"/> S/CT	
<input type="checkbox"/> E	<input type="checkbox"/> S/ES-S	<input type="checkbox"/> EB	<input type="checkbox"/> OES	<input type="checkbox"/> S/OCR	
<input type="checkbox"/> T	<input type="checkbox"/> S/ES-S(IA)	<input type="checkbox"/> ECA	<input type="checkbox"/> OIG	<input type="checkbox"/> S/OF	
<input type="checkbox"/> M		<input type="checkbox"/> H	<input type="checkbox"/> PA	<input checked="" type="checkbox"/> S/P	
<input type="checkbox"/> G	<input type="checkbox"/> AF	<input type="checkbox"/> IIP	<input type="checkbox"/> PM	<input type="checkbox"/> S/WCI	
<input type="checkbox"/> R	<input type="checkbox"/> EAP	<input type="checkbox"/> INL	<input type="checkbox"/> PRM		
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	<input type="checkbox"/> NEA	<input type="checkbox"/> IO			
	<input type="checkbox"/> SA	<input checked="" type="checkbox"/> IRM			
	<input type="checkbox"/> WHA	<input type="checkbox"/> L			

FROM: Adrian Daniel
EXECUTIVE SECRETARIAT
EXT: 7- 3838