

Department of State Correspondence

RELEASED IN FULL

LP1591A



EX-103 SECRETARIAT
UNCLASSIFIED

Classification / Downgrader

ACTION

Assigned To: S/UCI

Date: July 1, 2004

DATE DUE
in S/ES: July 6, 2004

S/ES #: 200415728

X-Ref:
(if any) 07-01-04P12:01 RCVD

ACTION REQUESTED:

HIGH PRIORITY

RECOMMENDATION FOR 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 _____

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:

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 checked="" type="checkbox"/> S	<input type="checkbox"/> S/ES-EX	<input type="checkbox"/> CA	<input type="checkbox"/> M/WHL		
<input checked="" 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 checked="" 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 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		
	<input type="checkbox"/> EUR	<input type="checkbox"/> INR			
	<input type="checkbox"/> NEA	<input type="checkbox"/> IO			
	<input type="checkbox"/> SA	<input type="checkbox"/> IRM			

Corlis A. Holmes

FROM: _____
EXECUTIVE SECRETARIAT
EXT: 7- 0643

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: WILLIAM J GEHRON L
DATE/CASE ID: 08 DEC 2004 200303827

UNCLASSIFIED

DOS-001425