



Date: 1/14

DATE DUE
in S/ES: 1/16

EXECUTIVE SECRETARIAT
UNCLASSIFIED
Classification / Downgrader

S/ES #: 2003325/S

X-Ref: _____
(if any)

ACTION
Assigned To: S/CT

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 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: 23 NOV 2004 200303827

CLEAR WITH:

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|----------------------------|--|---|---------------------------------|--------------------------------|---------------------------------|
| 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 | <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"/> D | <input type="checkbox"/> S/ES-EX | <input type="checkbox"/> CA | <input type="checkbox"/> M/WHL | <input type="checkbox"/> S/CPR | <input type="checkbox"/> USAID |
| <input type="checkbox"/> P | <input type="checkbox"/> S/ES-IRM | <input checked="" type="checkbox"/> DRL | <input type="checkbox"/> NP | <input type="checkbox"/> S/CT | |
| <input type="checkbox"/> E | <input type="checkbox"/> S/ES-O | <input type="checkbox"/> DS | <input type="checkbox"/> OBO | <input type="checkbox"/> S/OCR | |
| <input type="checkbox"/> T | <input type="checkbox"/> S/ES-S | <input type="checkbox"/> EB | <input type="checkbox"/> OES | <input type="checkbox"/> S/OF | |
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| | <input type="checkbox"/> EUR | <input type="checkbox"/> INL | <input type="checkbox"/> PRM | | |
| | <input type="checkbox"/> NEA | <input type="checkbox"/> INR | | | |
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FROM: AA-50
EXECUTIVE SECRETARIAT
EXT. 7: 3000