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6. I take this obligation freely, without any mental reservation or purpose of evasion and in the absence of duress.

NAME OF WITNESS (Type or Print) <div style="text-align: right;"><i>DMK</i></div> Theodore M. Anderson	NAME (Type or Print)  Clare Booth Luce
SIGNATURE OF WITNESS	SIGNATURE  Admin Debrief
REMARKS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	NAME & ADDRESS OF AFFILIATION WH/PFIAB
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