

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

Discover the Truth at: <http://www.theblackvault.com>

SECRET

40696

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 27 MARCH 1975	FILE NO. 2500
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 391-24-4032	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 024215	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) LA	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER <input checked="" type="checkbox"/>	ESTABLISHED
REF: VERBAL			DISCONTINUED <input checked="" type="checkbox"/>
SUBJECT DAVID ATLEE PHILLIPS		UNIT DEPARTMENT OF STATE	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	<input checked="" type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: 22 JULY 1973
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____	<input checked="" type="checkbox"/> SUBMIT FORM 3254 <u>CIA</u> W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HNB 20-7)	<input checked="" type="checkbox"/> EAA: CATEGORY I _____ CATEGORY II _____
SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>GEHA</u> HOSPITALIZATION CARD
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK
EAA. CATEGORY I _____ CATEGORY II _____	
SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY 35 JAN 53-54-CHILE/SANTIAGO/NOC MAY 54-FEB 56-NEW YORK/NOC FEB 56-APRIL 57-CUBA/HAVANA-NOC APRIL 57-JULY 58-LEBANON/BEIRUT/NOC AUG 58-MARCH 60-CUBA/HAVANA/NOC MARCH 60-22 AUG 61-HQS/NOC 23 AUG 61-JULY 65-MEXICO/MEXICO CITY/STATE INTEGRATED JULY 65-JUNE 67 _____ STATE INTEGRATED 16-10 JUNE 67-JAN 70-HQS-STATE INTEGRATED JAN 70-JULY 71 _____ STATE INTEGRATED 16-20 JULY 71-JULY 72 _____ STATE INTEGRATED 16-25	
DISTRIBUTION: COPY 1 - CD OR CPD COPY 2 - OPERATING COMPONENT COPY 3 - OS/SR&CD COPY 4 - OC-OO/TFB COPY 5 - CCS-FILE	(TO BE CONTINUED) Ge. A. Christian, Jr. CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF