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PROJECTS*	
JENNIFER 	
NAME OF WITNESS (Type or Print)	NAME (Type or Print) <i>Clare Boothe Luce</i> Clare Boothe Luce
SIGNATURE OF WITNESS <i>Robert E. Leidenheimer</i>	SIGNATURE
REMARKS	NAME & ADDRESS OF AFFILIATION
PHASE _____	PFIAB
SOCIAL SECURITY# _____	
DATE OF BIRTH _____	DATE <i>1 August 1923</i>
PLACE OF BIRTH _____	

*The signator should place his initials after each Project name.

VW