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SECRET

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

# KEEP ON TOP OF FILE WHILE COVER IN EFFECT

|  |                                     |  |
|--|-------------------------------------|--|
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS  | <input checked="" type="checkbox"/> | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS<br>EFFECTIVE DATE: 22 JULY 1973                         |
| <input type="checkbox"/> BASIC COVER PROVIDED<br>EFFECTIVE DATE _____  | <input checked="" type="checkbox"/> | SUBMIT FORM 3254 <u>CIA</u> W-2<br>TO BE ISSUED. (HBB 20-11)   |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED<br>FOR _____ TDY _____ OTHER (Specify)   | <input checked="" type="checkbox"/> | SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY _____<br>(HBB 20-7) |
| SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY _____<br>(HBB 20-7)   | <input checked="" type="checkbox"/> | EAA: CATEGORY I _____ CATEGORY II _____  |
| SUBMIT FORM 3254 _____ W-2 TO BE ISSUED.<br>(HBB 20-11)  | <input checked="" type="checkbox"/> | RETURN ALL OFFICIAL DOCUMENTATION TO CCS   |
| SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS<br>COVER. (HR 240-2e)   | <input checked="" type="checkbox"/> | SUBMIT FORM 2688 FOR <u>GEHA</u><br>HOSPITALIZATION CARD   |
| SUBMIT FORM 1323 FOR TRANSFERRING COVER<br>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<br>35 JAN 53-54-CHILE/SANTIAGO/NOC<br>MAY 54-FEB 56-NEW YORK/NOC<br>FEB 56-APRIL 57-CUBA/HAVANA-NOC<br>APRIL 57-JULY 58-LEBANON/BEIRUT/NOC<br>AUG 58-MARCH 60-CUBA/HAVANA/NOC<br>MARCH 60-22 AUG 61-HQS/NOC<br>23 AUG 61-JULY 65-MEXICO/MEXICO CITY/STATE INTEGRATED<br>JULY 65-JUNE 67- _____ STATE/INTEGRATED 16-10<br>JUNE 67-JAN 70-HQS-STATE/INTEGRATED<br>JAN 70-JULY 71- _____ STATE/INTEGRATED 16-20<br>JULY 71-JULY 72- _____ STATE/INTEGRATED 16-25 |                                     |  |
| DISTRIBUTION:<br>COPY 1 - CD OR CPD<br>COPY 2 - OPERATING COMPONENT<br>COPY 3 - OS/SR&CD<br>COPY 4 - OC-OO/TFB<br>COPY 5 - CCS-FILE<br>(TO BE CONTINUED)   |                                     |  |
| CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF<br><i>Geo. A. Christian, Jr.</i>  |                                     |  |