

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	NO.
		10 JULY 1974	3190
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER 069-24-3138	RETURN TO CIA
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 007667	Background Use Only Do Not Reproduce
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) VM	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED
REF: FORM 2458, DATED 19 JUNE 1974			<input type="checkbox"/> DISCONTINUED
SUBJECT CHARLOTTE BUSTOS-VIDELA		UNIT 99 [DEPARTMENT OF STATE]	

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: -
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD EFFECTIVE DATE	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 STATE W-2 TO BE ISSUED. (HNB 20-11) 99	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK -
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HSB HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
27 AUG 51--AUG 62--EAS-OVERT AUG 62-JULY 67--EAS-[DAC] 99 JULY 67-10 AUG 72--MEXICO-[STATE-NOVINA] 1 SEPT 72-27 JUNE 74--EAS-[DAC] 99 28 JUNE 74--TRINIDAD--STATE--[HOSPITALIZATION] 1631	

## DISTRIBUTION:

COPY 1 - CD OR CPD  
COPY 2 - OPERATING COMPONENT  
COPY 3 - OS/SRACD  
COPY 4 - OC/DO/TFB  
COPY 5 - CCS-FILE

EP:nlr

*James H. Franklin*

CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF