4-331

44-38861-5920

BULKY ENCLOSURE

BIN # 18

Sec. 11

Xerox of Cover Letter Enc

ATTENTION

BEFORE CHANGING CLASSIFICATION OR PROCESSING ANY DOCUMENT FROM THIS FILE FOR RELEASE TO THE GENERAL PUBLIC, CONTACT FOI/PA SECTION UNIT D, EXT. 5767.

FBI/DOJ

Q c 389
Q c 390
Q c 391
Q c 394 - Q 396

} Legat London

44-38861

Q c Sub - Psychiatric report
Q

4-331

44-38861-5920

BULKY ENCLOSURE

BIN # 18

Sec. 11

Xerox of Cover Letter Enc.

ENTIRE FILE REVIEWED FOR HISTORICAL DECLASSIFICATION

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/23/01 BY SP1 CLR/ude

COPIED FOR FOIPA JUN 22 1977 BY

K PHOTOS

K PHOTOS

K 19 → K196,

K 267 →

44-38861-5920

11/12/68
LA Calif

277
4810

K27 IN 44-38861

FBI

CALIFORNIA

LOS ANGELES

ROOM

3/1/67 5 P.M.

GUESTS

Called
Ocala Travel Service
629-7511
Reccomended
Commercial Bank
& Trust -
travelers checks - ??

622-3111
Palm Restaurant
Crystal River

44-38861 JK K31

FBI

22382

NAME Alvin E. Hack

RM. 10

DATE 2-29-68

RATE 7 00

STREET 2223 Collins Road

PAID

FIRM 440-315-415-8

CITY Collins STATE New York 14034

MAKE OF CAR	LICENSE NO.	STATE
Florida	13E 323	

Galaxie 500 Sadly Motors

NOTICE TO GUESTS

THIS PROPERTY IS PRIVATELY OWNED AND THE MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICES TO ANYONE, AND WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS. THE MANAGEMENT PROVIDES A SAFE IN THE OFFICE AND CANNOT BE RESPONSIBLE FOR VALUABLES UNLESS THE GUEST CHECKS THEM AT THE OFFICE.

REMARKS

CLERK'S INITIAL TIME CHECKED IN

Holiday Inn®
OF WILLISTON, FLA.

44-38861 JK K31

FBI

Mr Sandout

Sou. Camera Repair Co

~~Rose depositor~~ N.E.

110 N. Avondale Rd - Avondale Esh

44-30861 JK K168

377-3861

International Harvester Sales & Serv.
2857 E. Ponce De Leon Ave. Dec.

Mr. Norman
Thurs. Any Time

$5.40

#72 W. Willard

H-Tix

44-38861 JK K160

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstanses.)

TO PAROLE OFFICE

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

SPECIAL PURPOSE LETTERS

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	WILLIAM MAHER (print)	UNCLE	LABOR	1118 E. 2th St. ALTON-ILL. (print)
(2)	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent _____

to _____ (If you are in one of the
(Attach letter notifying you of change of address)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

My original correspondent is sick & unable to write so I would like to write a letter to my uncle to find out how everybody is.

YOUR NAME James C. Roy YOUR NUMBER 72498 CELL LOCATION A-Dorm Dorside

WORK ASSIGNMENT Bakery, B. DATE _____

MAIL ROOM	DO NOT WRITE IN THIS SPACE
To: CENTRAL FILE Date: By:	

Adm. Form No. 10
(Rev. Nov. 1948)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date 6-21-23-57

To: Mr. Drowns - as. warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to move to B-255 with the inmate who has signed his name below. I can get more rest over there we both work nights + on the same job.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine.

J R Keller 72614 B-255

Name: James E. Roy No.: 72498

Work assignment: Bakery - B Living quarters: A Dorm - D.S.

Grade standing: (1st, 2nd, 3rd): 1st

H E Hand

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) Date:

OK for this move
MP

Officer

FPI—LK—1-18-56—GM Pads—3040

Wi-30861 JK K257

Mr. Drumm
a member

44-38861 JK K257

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstanses.)

TO PAROLE OFFICE

--------- *REGULAR CORRESPONDENTS* ---------

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

--------- *SPECIAL PURPOSE LETTERS* ---------

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	WILLIAM MAHER (print)	UNCLE	LABOR	1118 E. 71ST ST. ALTON ILL. (print)
(2)	(print)			(print)

--------- *CHANGE OF ADDRESS* ---------

Please change the address of my correspondent _____

to _____ (If you are in one of the
(Attach letter notifying you of change of address)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

RECEIVED MAR 2 C.P.

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

I am going out on C.P. april 5 I am writing to have my uncle send my clothing to me to Town city Miami where I am doing my C.P.

YOUR NAME Joseph C. Ley YOUR NUMBER 72498 CELL LOCATION A-Dorm

WORK ASSIGNMENT Dining Room B DATE March 22-58

MAIL ROOM To CENTRAL FILE MAR 24 1958 Date	DO NOT WRITE IN THIS SPACE

44-36861 JK K257

Adm. Form No. 70
(Rev. May, 1950)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date Feb. 12-57

To: Mr. Brown as warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to talk on interview with you when you get time if possible.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routine

Name: James E. Ray No.: 72498

Work assignment: B. Bakery Living quarters: B-155 cell house

Grade standing: (1st, 2nd, 3rd): 1st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space) Date: FEB 14 1957

E. T. BROWN
ASSOCIATE WARDEN

OK for return to A Dorm
no more moves

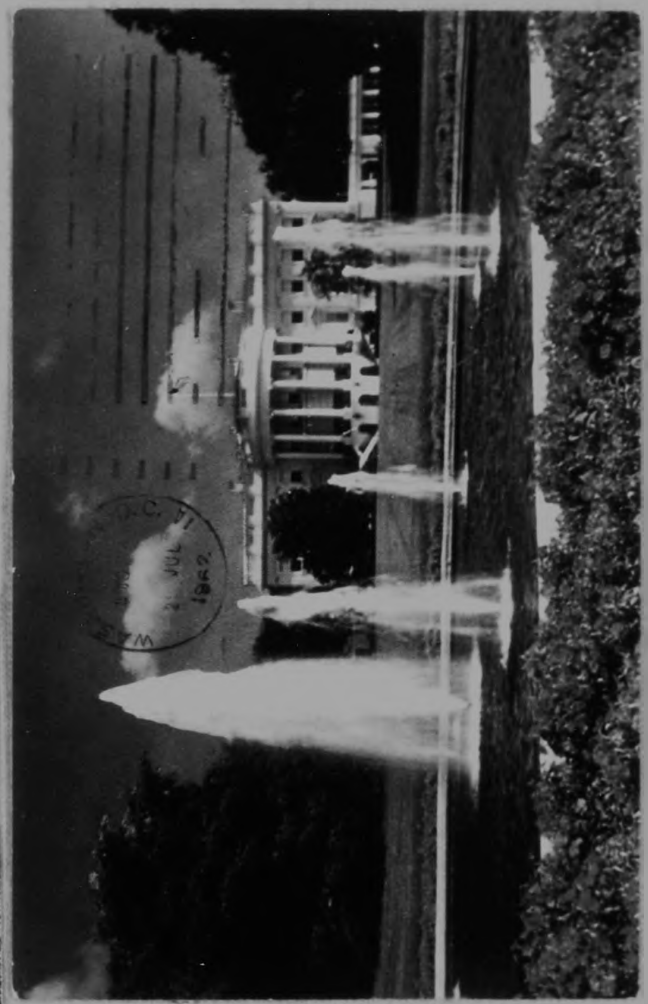
Officer

FPI—LK—1-12-56—5M Pads—3040

44-38861 JK K257

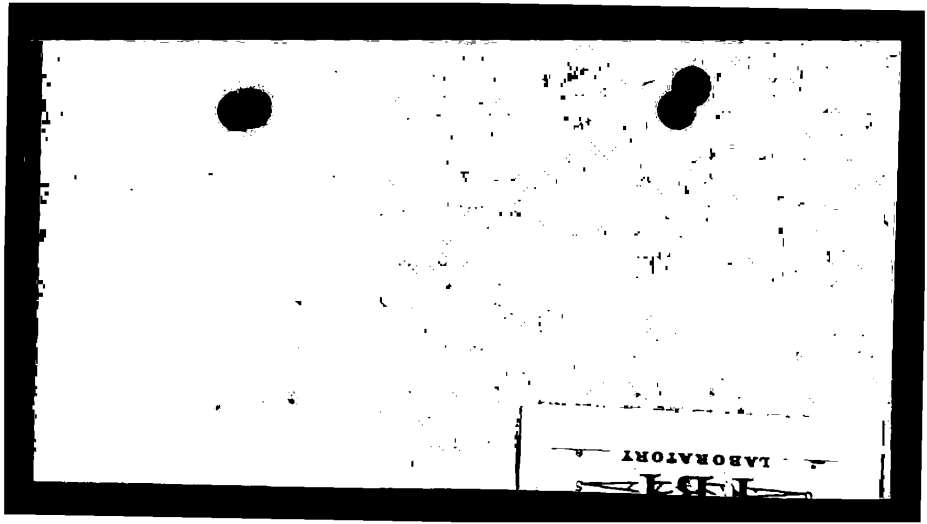
Mr. Carlson
Parole Officer

44-38861 JK K257



LH-38861 JK K196

FBI LABORATORY



POST OFFICE
POSTMASTER
IF THE F.B.I. WONTS RAY BUDDY GO TO 124 BROADWAY METEROPOL HOTEL ROOM 117. HE MAY UNDER NAME GEORGE LETSINGER OR GEORGE ANDERSON. HE KNOW ABOUT KENNEDY. ALSO KING.S. DEATH HE MAY PART IN KING.S DEATH. HE WAS IN TENNEASE. BEFOR AND AFTER KING WAS KILLED I KNOW LETSINGER IS WONTED IN SEATTLE ALSO BIGSTONE GAP VIRGINIA BY THE F.B.I.

Handprinting of George R. Letsinger, taken 6/13/68

Special Agent Arnold W. O'Brien, F.B.I.

44-38861 JK K485

Mo.	Da.	Yr.	Driver's Record	Mo.	Da.	Yr.	Department Action
7	1	65	Cn Sf-Lidate - 10 –	[illegible]	[illegible]	[illegible]	(3) P Cit — [illegible]

REPORT OF EXAMINATION

VEHICLE DEFECTS:

Owner: ☑
Non-Owner: ☐

LEARNER'S PERMIT NO.

ACCOMPANYING DRIVER'S NO. 1942511, Ill.

CAR MAKE: Ply YEAR: 64

REGISTRATION NUMBER: 0818944L Tenn Tenn

Lee Emerson [illegible]
Applicant's Signature

VEHICLE HANDLING		Accept.	Needs Trng.
START	Loc'n Controls	/	
	Traffic Observ.	/	
	Motor Oper'n.	/	
	Shifting Gears		
SMOOTH STOP	Traffic Observ.		/
	Distance		
	Lane	/	
BACKING	Traffic Observ.	/	
	Speed	/	
	Lane	/	
PARKING	Traff. Obser.(2)		//
	Positioning	/	
	Backing	/	
	Placement		/
TURN ABOUT	Traffic Observ.		
	Positioning		
	Maneuvering		
STOP ON UP GRADE	Hand Brakes	/	
	Wheel Turn		/
	Placement	/	
START ON UP GRADE	Traffic Observ.	/	/
	Brake Control		
	Motor Oper'n.	/	
CLUTCH ☐ AUTO-TRANS ☑			
POSTURE		/	
FOLLOWING			
OVERTAKING			
BEING OVERTAKEN			

ROAD PROBLEMS		Accept.	Needs Trng.
STOP SIGNS	Braking	/	
	Placement	/	
TRAFFIC LIGHTS	Braking		
	Placement		
RIGHT TURN	Signal	/ / /	
	Lane	/ / /	
	Speed	/ /	
	Turn	/ / /	/
LEFT TURN	Signal	/ / /	
	Lane	/ / /	
	Speed	/ / /	
	Turn	/ / /	
	Waiting	/	
ONE-WAY STREET	Placement		
	Changing		
LEFT TURN FROM ONE-WAY STREET	Signal		
	Lane		
	Speed		
	Turn		
USE OF HORN			
RIGHT OF WAY	Yielding	/	
	Taking	/	
OTHER SIGNS	Observation		
	Action		
BLIND INTERSECT'N	Traffic Observ.	/	
	Speed	/	
KEEPING IN LANE		/	
ATTENTION		/	
TIME		/	

SCORE 86 % COUNTS 117 5

PHYSICAL CONDITION

EYES: Red [ ] Green [ ] Normal [ ]

ACUITY:	RIGHT	LEFT	BOTH
WITH NEW GLASSES	20/	20/	20/
WITH PRESENT GLASSES	20/	20/	20/
WITHOUT	20/20	20/20	20/20

HEARING: Deaf [ ] Poor [ ] Good [✓]

INFIRMITIES: None Noted [✓]
Missing Extremities [ ] Mental [ ]
Stiffness [ ] Shakiness [ ]

OTHER [ ]

RESTRICTIONS

2. Corrective lenses
3. Automatic Clutch
4. Mech'nical Signals
5. Knob on Steering Wheel
6. Outside Mirror
7. Corrective lenses and outside mirror

Other

SCORE (deductions) ORAL [ ]

ROAD SIGNS 0

ROAD RULES 2

REMARKS:

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962. Examiner

44-38861 JK K267

626 ROGER DAVID BROUSSARD

First Middle or Maiden Last

2911516

Void 30 days after.

Street 2123 - North 12th. Avenue

City Birmingham State Ala.

Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	170	6'0"	Br	Br	Jeff

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Roger David Broussard
First Middle or Maiden Last

sales
Occupation of applicant

Bell & Howell
Applicant's employer

Inside Examiner

Document used to verify birth

Date 4-10-68

Signature of clerk

Receipt number 35187

No Yes

1. ☒ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? NO
Which county? Were you licensed? What type license was issued? Operator's ☐ Learner's permit ☐
Motor Driven Cycle ☐. If under a different name, what name?

2. ☐ ☒ Are you now or have you ever been licensed to drive in any other state? Which state? N.Y. VIRGINIA Is your other state license expired? Yes ☒ No ☐. If yes, what year did it expire? 1964

3. ☐ ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? SPEEDING PENN - 1952
Where? ILLEGAL TURN N.Y. 1953 What offense?
PARKING TICKETS N.Y. 1950 - 1955

4. ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state?

5. ☒ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year?
Which state? Why? Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐.

8. ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain

9. ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where?
When discharged?

10. ☒ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Roger David Broussard
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K268

450
Restrictions

Lee Emerson Bellamy
First Middle or Maiden Last

Street 809- Nashville Ave.

City Sheffield State Ala. 35660

2901119
Void 30 days after.

03-28-1968
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	165	6'0"	Hazel	Black	Colbert.

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Lee Emerson Bellamy
First Middle or Maiden Last

Record Distrb
Occupation of applicant

Self.
Applicant's employer

Inside Examiner CC

Document used to verify birth

Date March 28- 1968

KJB
Signature of clerk

Receipt number 3018

No Yes

1. X ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ X Are you now or have you ever been licensed to drive in any other state? Which state? TENN. Is your other state license expired? Yes X No ☐. If yes, what year did it expire? 68

3. ☐ X Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1964 Where? BRENTWOOD, TENN. What offense? SPEEDING

4. X ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. X ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which state? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. X ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. X ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐.

8. X ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. X ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. X ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Lee Emerson Bellamy
First Middle or Maiden Last

Form DL-6 (Rev. Dec. 1965)

44-38861 JK K267

31

Restrictions

First	Middle or Maiden	Last
Paul	Edgar	Goodpaster Jr

Street 1323 Perry St

City Montgomery State Ala 36104

2902875
Void 20 days after.

3-14-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	169	5-11	Gray	Brown	Montgomery

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Paul Edgar Goodpaster Jr
First Middle or Maiden Last

Heavy Equiptment
Occupation of applicant

None
Applicant's employer

Inside Examiner Bozeman

Document used to verify birth

Date 3-14-68

Betty S. Hatfield
Signature of clerk

Receipt number 8654

No Yes

1. ☒ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____
Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐
Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ☒ Are you now or have you ever been licensed to drive in any other state? Which State? Ind Is your other State license expired? Yes ☒ No ☐. If yes, what year did it expire? 1967

3. ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____
Where? ____ What offense? ____

4. ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ☒ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____
Which State? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain ____

9. ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____
When discharged? ____

10. ☒ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Paul Edgar Goodpaster Jr
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

LLL-38861 JK K266

312

Restrictions

Paul (First) Edgar (Middle or Maiden) Goodpaster Jr (Last)

Street 1323 Perry St

City Montgomery State Ala 36104

2902875
Void 30 days after.

3-14-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	169	5-11	Gray	Brown	Montgomery

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Paul Edgar Goodpaster Jr
First Middle or Maiden Last
OOS

Heavy Equiptment
Occupation of applicant

None
Applicant's employer

Inside Examiner Bozeman

Document used to verify birth

Date 3-14-68

Betty S. Hatfield
Signature of clerk

Receipt number 8654

No Yes

1. ☒ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ☒ Are you now or have you ever been licensed to drive in any other state? Which State? Ind Is your other State license expired? Yes ☒ No ☐. If yes, what year did it expire? 1967

3. ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____ Where? ____ What offense? ____

4. ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ☒ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which State? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. ☒ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Paul Edgar Goodpaster Jr
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K266

Restrictions

First	Middle or Maiden	Last
WINFORD	PRESTON	GILMORE

Street: 1203-21st. St.

City: Phenix City State: Alabama-36867

2909736
Void 30 days after.

4-9-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	J	M	175	5-11	Blue	Brown	Russell

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Winford Preston Gilmore
First Middle or Maiden Last

U.S. Navy
Occupation of applicant

Applicant's employer

Date April 9 1968

J Burch
Signature of clerk

Inside Examiner G.L.Mc.

Receipt number 3061

Document used to verify birth

No Yes

1. ☐ ☒ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? 1959 Which county? Covington Were you licensed? yes What type license was issued? Operator's ☒ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name?

2. ☐ ☒ Are you now or have you ever been licensed to drive in any other state? Which state? California Is your other state license expired? Yes ☒ No ☐. If yes, what year did it expire? 1967

3. ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? Where? What offense?

4. ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state?

5. ☒ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? Which state? Why? Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain

9. ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? When discharged?

10. ☒ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Winford Preston Gilmore
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K265

400
Restrictions

Clyde Justin Hill Sr.
First Middle or Maiden Last

2910138
Void 30 days after.

Street RT 1 Box 373

City Bryant State Ala 35958

4-3-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	180	5-9	Blue	Brn	Jackson

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature Clyde Justin Hill Sr.
First Middle or Maiden Last

Brick Mason
Occupation of applicant

Applicant's employer

Inside Examiner T.O.S

Document used to verify birth

Date 4-3-68

R. L. Gentry
Signature of clerk

Receipt number 2410

No Yes

1. X ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ✓ Are you now or have you ever been licensed to drive in any other state? Which state? Georgia Is your other state license expired? Yes ☐ No X If yes, what year did it expire? ____

3. X ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____ Where? ____ What offense? ____

4. X ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. X ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which state? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. X ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. X ☐ Have you ever suffered from epilepsy ☐, fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐.

8. X ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. X ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. X ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Clyde Justin Hill Sr.
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K264

file

To: Dr. Jarago

From: Dr. French

The ideational content of what I now consider to be delusional thinking consisted of the belief that I was an experimental subject and that my behavior was being recorded by electronic devices hidden in the house where we have lived and that the information derived from it would be used by people connected with the Masonic order to prove psychoanalytic theory. I've believed that the Catholic church or at least some individuals in the Catholic church were trying to interfer with this and to harm me by psychological means. I've believed in the past that programs on television were presented with me in mind and with the idea of influencing me specifically by the people who were connected with the Masonic order and the Order of Eastern Star. I've believed in the past that the food we ate was treated in such a way so that our behavior - that is the behavior of my wife and children and myself -

4/12/68
LA, Calif.

#3083

[illegible] in this agreement shall be construed as waiving any of lessor's rights under laws of the State of California.

15. Lessee acknowledges receipt in good condition of furniture and equipment listed in the inventory hereunder; provided, however, that if lessee shall find that any item thereof is not in good condition or that said inventory is incorrect in any particular, a statement of any defects or objections shall be delivered to lessor within three (3) days after the date hereof; otherwise it will be conclusively presumed that the inventory is correct in all particulars, and lessee agrees to pay for all breakage, damage or loss thereof.

16. Lessee waives all rights, under section 1941 and section 1942 of the Civil Code of the State of California.

LIVING ROOM

Fruits
- Ash Stands
- Ash Trays
- Beds, Day
- Beds, Wall
- ✓ Carpet
- Chairs, Desk
- Chairs, Occasional
- Chairs, Overstuffed
- Consoles
- Curtains (Pr.)
- Davenport
- Desk & Blotter
- ✓ Draperies (Pr.)
- Keys, Door
- Keys, Mailbox
- Lamp Bulbs
- Lamps, Bridge
- Lamps, Floor
- Lamps, Table
- Mattress
- Mirror
- Pictures
- Pillows
- Rugs, Large
- Rugs, Small
- Rugs, Runners
- Shades
- Studio Couch
- Tables, End
- Tables, Coffee
- Tables, Occasional
- Vase
- Waste Basket

Stove
Drapes

DINING RM.-DINETTE
- Chairs
- China Cabinet
- Curtains (Pr.)
- Draperies (Pr.)
- Dining Table
- Rugs

BEDROOM, BATH & DRESSING ROOM
- Beds
- Mattress
- Pillows
- Chairs
- Chairs, Slipper
- Chiffonier
- ✓ Curtains (Pr.)
- Draperies (Pr.)
- Dresser
- Dressing Table
- Dressing Table Bench
- Lamps
- Night Stand
- Pictures
- Rugs
- Soap Rack
- Towel Rack
- Wastebasket

LINENS
- Bath Mat
- Bath Rug
- Blankets (Pr.)
- Cloths, Dish
- Cloths, Face
- Doilies
- Dresser Top
- Dresser Scarf
- Luncheon Sets
- Mattress Cover
- Napkins
- Pillow Slips
- Sheets
- Shower Curtains
- Spreads, White
- Spreads, Colored
- Table Cloths
- Table Pads
- Toilet Seat Cover
- Towels, Bath
- Towels, Face
- Towels, Tea

CHINAWARE
- Bowls, Cereal
- Bowls, Sugar
- Creamer
- Cups, Bouillon
- Cups, Coffee
- Cups, Egg
- Gravy Boat
- Plates, B.&B.
- Plates, Dinner
- Plates, Salad
- Plates, Soup
- Platters
- Sauce Dishes
- Saucers
- Tea Pot
- Vegetable Dishes

GLASSWARE
- Bowls, Fruit
- Bowls, Sugar
- Creamer
- Fruit Dishes
- Glasses/Tumblers
- Goblets
- Jelly Dish
- Oil Cruet
- Pickle Tray
- Shakers, Pepper
- Shakers, Salt
- Sherbets
- Vinegar Cruet
- Water Pitcher

SILVERWARE
- Forks, Dinner
- Forks, Salad
- Knives, Butter
- Knives, "Spreader"
- Knives, Dinner
- Spoons, Bouillon
- Spoons, Soup
- Spoons, Sugar
- Spoons, Table
- Spoons, Tea
- Soup Ladle

KITCHEN EQUIPMENT
- Asbestos Mat
- Basting Spoon
- Biscuit Cutter
- Bowl Strainer
- Bread Board
- Bread Box
- Bread Pan
- Broom
- Butcher Knife
- Cake Pan
- Cake Turner
- Can Opener
- Carpet Sweeper
- Carving Set & Steel
- Chairs
- Chop Bowl
- Chop Knife
- Coffee Canister
- Colander
- Curtains (Pr.)
- Dish Pan
- Double Boiler
- Dust Pan
- Egg Beater
- Flour Canister
- Flour Sifter
- Frying Pan
- Funnel
- Garbage Pail
- Grater
- Ironing Board
- Kettles, Large
- Kettles, Small
- Knives and Forks
- Lemon Reamer
- Match Box
- Measuring Cup
- Mixing Bowl
- Mop
- Muffin Tin
- Paring Knife
- Percolator
- Pie Tins
- Potato Masher
- Pudding Pan
- Range
- Refrigerator
- Refrigerator Dishes
- Roaster, Covered
- Roasting Pan
- Rolling Pin
- Salt Box
- Sauce Pan
- Scrub Brush
- Shakers
- Sink Strainer
- Skillet
- Soap Dishes
- Soup Strainer
- Stool
- Sugar Canister
- Table
- Table Mat
- Table Spoons
- Tea Canister
- Tea Kettle
- Tea Spoons
- Tea Strainer
- Tin Lids
- Toaster
- Toilet Brush
- Trays
- Waste Basket
- Wire Fork

MISCELLANEOUS

17. This agreement shall inure to the benefit of the lessor and his successors in interest.

IN WITNESS WHEREOF, both parties have set their hands the day and year first above written.

Gramercy Park Apts. — Lessor

By Ruth C. Smith — Agent

Thomas M. Flikeid

Mr & Mrs Tom (Sue) Flikeid — Lessee in Possession

FORM 5A3 Standard Form of APARTMENT ASSOCIATION OF LOS ANGELES COUNTY, INC., 551 So. Oxford, Los Angeles, Calif. 90005 'Phone: 384-4131

300
restrictions

First	Middle or Maiden	Last
R. (ONLY)	W. (ONLY)	KERR

2905932
Void 30 days after.

Street RT #1 BOX 109

City CAVE SPRINGS State GA. (AIA.) 36275

3/28/68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	166	5-8	BROWN	BROWN	CHEROKEE.

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature R (First) W (Middle or Maiden) Kerr (Last)

TRUCK DRIVER
Occupation of applicant

Applicant's employer

Inside Examiner Jub

Document used to verify birth NONE

Date 3-28-68

Paul C Jack
Signature of Clerk

Receipt number 827

No Yes

1. ☒ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____
Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐
Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ☒ Are you now or have you ever been licensed to drive in any other state? Which State? GEORGIA Is your other State license expired? Yes ☐ No ☒. If yes, what year did it expire? ____

3. ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____
Where? ____ What offense? ____

4. ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ☒ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____
Which State? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☒ ☐ Have you ever suffered from epilepsy ☐, fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☒

8. ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain ____

9. ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____
When discharged? ____

10. ☒ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed R (First) W (Middle or Maiden) Kerr (Last)

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K263

330
Restrictions

Robert (First) Clifton (Middle or Maiden) Smith (Last)

2904856
Void 30 days after.

Street Rt. 2 Box 221

City Lineville State Ala. 36266

3-19-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	180	5-11	Blue	Br.	Clay

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature X Robert Clifton Smith (First, Middle or Maiden, Last)

Retired
Occupation of applicant

Applicant's employer

Inside Examiner NOH

Document used to verify birth None

Date 3-19-68

Blanche Alexander
Signature of clerk

Receipt number 674

No Yes

1. ✓ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____
Which county? ____. Were you licensed? ✓ What type license was issued? Operator's ✓ Learner's permit ☐
Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ✓ Are you now or have you ever been licensed to drive in any other state? Which state? ARK. Is your other state license expired? Yes ☐ No ✓ If yes, what year did it expire? ____

3. ✓ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____
Where? ____. What offense? ____

4. ✓ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ✓ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____
Which state? ____. Why? ____. Have you been authorized to be relicensed? Yes ☐ No ☐

6. ✓ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ✓ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. ✓ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain ____

9. ✓ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____
When discharged? ____

10. ✓ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed X Robert Clifton Smith (First, Middle or Maiden, Last)

NOH

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K261

320
Restrictions

First	Middle or Maiden	Last
James	Preston	Riddick ~~Reddick~~

Street 322 First Ave.

City Saraland State Ala. 36571

2903797
Void 30 days after.

MAR 19 1968
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	165	5' 11"	Blue	Br.	MOBILE

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature James (First) Preston (Middle or Maiden) Riddick (Last)

Svc. Station Attendant
Occupation of applicant

Kellys Gulf Saraland
Applicant's employer

Inside Examiner sct.

Document used to verify birth

Date MAR 19 1968

Vivian Herron
Signature of clerk

Receipt number 16737

No Yes

1. ☑ ☐ Have you ever taken any part of an examination for any Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ☑ Are you now or have you ever been licensed to drive in any other state? Which state? LOUISIANA Is your other state license expired? Yes ☐ No ☑ If yes, what year did it expire? ____

3. ☑ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____ Where? ____ What offense? ____

4. ☑ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ☑ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which state? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☑ ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. ☑ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐.

8. ☑ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. ☑ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. ☑ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed James (First) Preston (Middle or Maiden) Riddick (Last)

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K260

365

Restrictions

2

First	Middle or Maiden	Last
Fontaine	(NMN)	Storm

Street R.C.S.R. (Big R Trailer Park Lot No 10)

City Greenville State Ala 36037

2907074
Void 30 days after.

4-01-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	W	M	165	5-9	Blue	Br	Butler

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature [signature]
First Middle or Maiden Last

Liquidator
Occupation of applicant

Bank of Pine Apple
Applicant's employer

Inside Examiner Bryman

Document used to verify birth

Date April 4, 1968

Jas. J. Beeland
Signature of clerk

Receipt number 1351

No Yes

1. ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? _____
Which county? _____ Were you licensed? _____ What type license was issued? Operator's ☐ Learner's permit ☐
Motor Driven Cycle ☐. If under a different name, what name? _____

2. ☐ X Are you now or have you ever been licensed to drive in any other state? Which State? Michigan VA Is your other State license expired? Yes ☐ No X If yes, what year did it expire? 1969 Taken By Texas

3. ☐ X Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1-4-68
Where? El Paso, Texas What offense? DWI

4. X ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____

5. ☐ X Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☑ What year? 1966
Which State? El Paso Tex Why? RETAINED Have you been authorized to be relicensed? Yes ☐ No ☐
LSEE #3

6. ☐ X For distant vision do you wear glasses ☐ contact lenses ☐?

7. X ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. X ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____

9. X ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____

10. X ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed Fontaine Storm
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K262

600

Restrictions

2

FRANK GARRETT PERRY

First Middle or Maiden Last

Street: 215 West Drake Ave.

City: Auburn State: Ala. 36830

2905135

Void 30 days after.

3-21-68

Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	185	5-11	Blue	Br.	lee

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature: Frank Garrett Perry

First Middle or Maiden Last

Occupation of applicant: Eng.

Applicant's employer:

Inside Examiner: L.A.

Document used to verify birth:

Date: 3-21-68

Signature of clerk: Ira H. Weissinger

Receipt number: 2141

No Yes

1. ☑ ☐ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ ☑ Are you now or have you ever been licensed to drive in any other state? Which state? West Virginia Is your other state license expired? Yes ☐ No ☑ If yes, what year did it expire? ____

3. ☑ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____ Where? ____ What offense? ____

4. ☑ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. ☑ ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which state? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. ☐ ☑ For distant vision do you wear glasses ☑ contact lenses ☐?

7. ☑ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐

8. ☑ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. ☑ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. ☑ ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed: Frank Garrett Perry

First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1966)

44-38861 JK K259

Issuing State W-Va Expiration date 10-69

Mo.	Da.	Yr.	Department Action
3	21	68	P Operator

Driver's Record

Mo.	Da.	Yr.

REPORT OF EXAMINATION

VEHICLE DEFECTS: Owner: ☐ Non-Owner: ☐

CAR MAKE: Ov YEAR:

REGISTRATION NUMBER:

LEARNER'S PERMIT NO.

ACCOMPANYING DRIVER'S NO.

Frank G Reary
Applicant's Signature

VEHICLE HANDLING		Accept.	Needs Trng.
START	Loc'n Controls		
	Traffic Observ.		
	Motor Oper'n.		
	Shifting Gears		
SMOOTH STOP	Traffic Observ.		
	Distance		
	Lane		
BACKING	Traffic Observ.		
	Speed		
	Lane		
PARKING	Traff. Obser.(2)		
	Positioning		
	Backing		
	Placement		
TURN ABOUT	Traffic Observ.		
	Positioning		
	Maneuvering		
STOP ON UP GRADE	Hand Brakes		
	Wheel Turn		
	Placement		
START ON UP GRADE	Traffic Observ.		
	Brake Control		
	Motor Oper'n.		
CLUTCH ☐ AUTO-TRANS ☐			
POSTURE			
FOLLOWING			
OVERTAKING			
BEING OVERTAKEN			

ROAD PROBLEMS		Accept.	Needs Trng.
STOP SIGNS	Braking		
	Placement		
TRAFFIC LIGHTS	Braking		
	Placement		
RIGHT TURN	Signal		
	Lane		
	Speed		
	Turn		
LEFT TURN	Signal		
	Lane		
	Speed		
	Turn		
	Waiting		
ONE-WAY STREET	Placement		
	Changing		
LEFT TURN FROM ONE-WAY STREET	Signal		
	Lane		
	Speed		
	Turn		
USE OF HORN			
RIGHT OF WAY	Yielding		
	Taking		
OTHER SIGNS	Observation		
	Action		
BLIND IN-TERSECT'N	Traffic Observ.		
	Speed		
KEEPING IN LANE			
ATTENTION			
TIME			
SCORE %	COUNTS		

PHYSICAL CONDITION

EYES: Red [ ] Green [ ] Normal [ ]

ACUITY:	RIGHT	LEFT	BOTH
WITH NEW GLASSES	20/	20/	20/
WITH PRESENT GLASSES	20/ 20	20/ 20	20/ 20
WITHOUT	20/ 80	20/ 80	20/ 80

HEARING: Deaf [ ] Poor [ ] Good [X]

INFIRMITIES: None Noted [X]
Missing Extremities [ ] Mental [ ]
Stiffness [ ] Shakiness [ ]

OTHER [ ]

RESTRICTIONS

2. Corrective lenses
3. Automatic Clutch
4. Mech'nical Signals
5. Knob on Steering Wheel
6. Outside Mirror
7. Corrective lenses and outside mirror

Other

SCORE (deductions) ORAL [ ]

ROAD SIGNS 0

ROAD RULES 1

REMARKS:

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962. Examiner [signature]

44-38861 JK K259

595

Restrictions

First	Middle or Maiden	Last
WILLIAM	ELMER	JOHNSON

Street 941 8th ST

City PLEASANT GROVE State ALABAMA 35127

2909897
Void 30 days after.

3-29-68
Date passed

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	White	Male	165	5-10	Grey	Bro	JEFFERSON

NOTICE TO APPLICANT

Upon the successful completion of the examination this card must be taken to the Commissioner of Licenses or Judge of Probate in County of examination where you will be issued a temporary receipt after paying the required fee. This must be done within 30 days after completion.

Applicant's signature William Elmer Johnson
First Middle or Maiden Last

ACCT.
Occupation of applicant

BOOKKEEPER BUSINESS SER.
Applicant's employer

Inside Examiner wdp

Document used to verify birth

Date 3-29-68

Signature of clerk

Receipt number 127302

No Yes

1. X ☐ Have you ever taken any part of an examination for any Alabama driver's license or learner's permit? What year? ____ Which county? ____ Were you licensed? ____ What type license was issued? Operator's ☐ Learner's permit ☐ Motor Driven Cycle ☐. If under a different name, what name? ____

2. ☐ X Are you now or have you ever been licensed to drive in any other state? Which state? North Car. Is your other state license expired? Yes ☐ No X. If yes, what year did it expire? ____

3. X ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ____ Where? ____ What offense? ____

4. X ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? ____

5. X ☐ Have you ever had your driver license or privilege revoked ☐ suspended ☐ cancelled ☐ or denied ☐? What year? ____ Which state? ____ Why? ____ Have you been authorized to be relicensed? Yes ☐ No ☐

6. X ☐ For distant vision do you wear glasses ☐ contact lenses ☐?

7. X ☐ Have you ever suffered from epilepsy ☐, fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐.

8. X ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely? Explain ____

9. X ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? ____ When discharged? ____

10. X ☐ Have you ever been addicted to the use of intoxicating liquors ☐ narcotic drugs ☐? Are you now cured? Yes ☐ No ☐.

I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed William Elmer Johnson
First Middle or Maiden Last

Form DL-3 (Rev. Dec. 1965)

44-38861 JK K258

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS 66048

Received this date (5/3/68) from CARL F. ZARTER, Administrative Assistant, C & P, USP, Leavenworth, Kansas twenty-two (22) miscellaneous documents all pertaining to former USP inmate JAMES E. RAY, USP #72498-L.

The above mentioned documents are to be returned to ZARTER upon completion of examination.

Leonard L. Ayres - FBI 5/3/68
5/3/68

CARL F. ZARTER - USP 5-3-68
5/3/68

FBI

U. S. PENITENTIARY, LEAVENWORTH, KANSAS

The enclosed check No. 19,7[illegible]813
in the amount of $ 35.63 represents
Balance of your account (X) Meritorious Earnings ( ) Month of _____
Industries Earnings ( )
Month of _____

Mr. James Earl Ray
c/o Mr. Richard H. Johnson
U. S. Probation Officer
Federal Building
Kansas City, Mo.

April 4, 1958
(Date)

Formerly
Reg. No. 72498-L
(Inmate's Number)

Received from US Prob. Office, KC, Mo
[illegible]

44-38861 JK K257

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstanses.)

TO PAROLE OFFICE Cop

REGULAR CORRESPONDENTS

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

SPECIAL PURPOSE LETTERS

(Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	Charles Whittaker (print)	—	Judge	Federal courthouse Kansas city Mo. (print)
(2)	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent _____

to _____ (If you are in one of the
(Attach letter notifying you of change of address)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

To get my time cut

YOUR NAME [illegible] YOUR NUMBER [illegible] CELL LOCATION [illegible]

WORK ASSIGNMENT [illegible] DATE [illegible]

MAIL ROOM	DO NOT WRITE IN THIS SPACE
To: CENTRAL FILE	
Date:	
By:	

RECEIVED AUG 1955

FBI

Mr. Cox

Adm. Form No. 70
(Rev. May, 1948)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date August - 24-1957

To: Mr. Aiken; associate warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir;

I would like to have an interview with you when you have time.

thank you.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine

Name: James E. Ray No.: 72498

Work Assignment: Bakery - B Living quarters: A. Dorm Dark-side

Grade standing: (1st, 2nd, 3rd): J. Ward Cass Office

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) Date:

Jerry Farm

Officer

FPI—LK—1-13-56—6M Pads—8049

administrative
[illegible]
[illegible]

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

(No request for change of Correspondents or Special Purpose Letters will be considered unless this form is properly completed. All questions must be answered fully and instructions followed exactly. Correspondents will be added only under very exceptional and highly urgent circumstances.)

TO PAROLE OFFICE

--------- *REGULAR CORRESPONDENTS* ---------

I request that the following person(s) be added to my list of correspondents.
(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

--------- *SPECIAL PURPOSE LETTERS* ---------

Permission to send a Special Purpose Letter will not be given unless it is submitted along with this request. Indicate in the proper column the number of Special Purpose Letters to each correspondent you will require to complete your business. Give reason for your request in space at bottom of page.)

I request that I be permitted to write (a) Special Purpose Letter(s) to the following Person(s):

NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	(print)			(print)
(2)	(print)			(print)

--------- *CHANGE OF ADDRESS* ---------

Please change the address of my correspondent Mrs. Lincoln Payne

to 339½ South 7th, Quincy Ill. (If you are in one of the industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)
(Attach letter notifying you of change of address;

RECEIVED DEC 8 1955

This request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

YOUR NAME James E. Ray YOUR NUMBER 12498 CELL LOCATION 300

WORK ASSIGNMENT Print Shop DATE 12-19-55

MAIL ROOM
To: CENTRAL FILE
Date: INSPECTED 3 1956
By: 2 WEP

DO NOT WRITE IN THIS SPACE

Adm. Form No. 19
(Rev. Mar. 1941)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date Jan 24-1956

To: Mr. Warden Drown
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir

I would like to get on the waiting list for B. dorm. if it possible on or med. security.
Thank you

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine

Name: James E. Ray No.: 72498

Work assignment: Paint Shop Living quarters: A C.H. 300

Grade standing: (1st, 2nd, 3rd): 1st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space) Date: JAN 30 1956

OK by me to move to B ☐ the Warden
on waiting list

E. T. DROWN
ASSOCIATE WARDEN

JLC
3R

Officer

FPI—LE—1-4-55—6,500 pads—1001

Lu-38861 JK K257

Adm. Form No. 9
(Rev. May, 1951)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date: Feb - 8 - 1956

To: Mr. Drown A. Warden
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

I would like to see you about the possibility of a job change when you get around to it.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Routine

IN CENTRAL FILE
DATE 2-13-56
BY Hgh

Name: James E. Ray No.: 72498

Work assignment: paint shop Living quarters: A.C.H. #300

Grade standing: (1st, 2nd, 3rd): 1st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to clearly state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) Date: FEB 11 1956

E. T. DROWN
ASSOCIATE WARDEN

Refer to Supervisor
Ray wants a work change. Please
expect. 57.
C - over - no action to be taken
Hgh -

(over)

Officer

FPI—LK—1-4-55—6,500 pads—1901

44-38861 JK K257

Adm. Form No. 10
(Rev. Mar. 1949)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date: 3-4-56

To: assist. warden Drowns
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir
I would like to apply for a transfer to the night Bakery, as I here there's an opening. I think it a medium cust. job which I can. I saw you about a transfer a couple weeks ago an understood you would approve, if it was the right custody.
(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

routine.

Name: James E. Ray No.: 42498

Work assignment: print Shop Living quarters: B-Dorm-D Side

Grade standing: (1st, 2nd, 3rd): 1 st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to clearly state your problem may result in no action being taken.

NOTED

DISPOSITION: (Do not write in this space) Date: MAR - 7 1956

Mr Grenthe
Off Chamber
3-6
ok

E. T. DROWN
ASSOCIATE WARDEN

Officer

FPI—LK—1-18-56—4M Pads—3040

4L-38861 JK K257

Adm. Form No. 19
(Rev. Mar. 1949)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date 3-5-56

To: Mr. Winthrop - C. Stewart
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir.
I would like to apply for a job in the night Bakery as there is an opening. I am on medium custody

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

consider

Name: Lawrence E. Ray No.: 72498

Work assignment: paint Shop Living quarters: B-Dorm. D-S,

Grade standing: (1st, 2nd, 3rd): 1st.

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) Date:

OK C. Stewart
To Counselor
O'Toole

Officer

FPI—LX—1-12-56—GM Pads—3043

Adm. Form No. 10
(Rev. May, 1946)

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

INMATE REQUEST TO STAFF MEMBER

Date March-14-56

To: Mr. Cap Rowle officer
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance. (Give details.)

Dear Sir I would like to send $35.00 home to my aunt, she wrote a letter for it if it would be necessary to see the letter I could send it to you. I'd to pay a debt I owe, which I state when I enter the ins.

(Use other side of page if more space is needed)

ACTION REQUESTED: (State exactly how you believe your request may be handled; that is, exactly what you think should be done, and how.)

Respectfully
Mrs Lucille Ryan
339½ So. 7th St
Quincy, Ill.

C-P
CENTRAL FILE
MAR 16 1956
BY GN

Name: James E. Ry No.: 72498

Work assignment: Paint Shop Living quarters: B-Dorm

Grade standing: (1st, 2nd, 3rd): 1st

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) Date:

Officer

FPI—LK—1-12-56—5M Pads—3040

UNITED STATES PENITENTIARY
LEAVENWORTH, KANSAS

REQUEST FOR CHANGE OF MAIL LIST

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TO PAROLE OFFICE

REGULAR CORRESPONDENTS

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(Give reason for request in space at bottom of page.)

	NAME	RELATION	MARRIED OR SINGLE	OCCUPATION	ADDRESS
(1)	(print)				(print)
(2)	(print)				(print)

SPECIAL PURPOSE LETTERS

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NO. OF LETTERS	NAME	RELATION	OCCUPATION	ADDRESS
(1)	(print)			(print)
(2)	(print)			(print)

CHANGE OF ADDRESS

Please change the address of my correspondent from 339 1/2 S. 7th St. Quincy Ill.,
to 701 1/2 Washington Quincy, Illinois (If you are in one of the
(Attach letter notifying you of change of address)
industries, are you sending part of your earnings to this person? (YES ☐) (NO ☐)

The request is submitted for the following reason(s): (Give clear and full explanation
If additional space is necessary, use reverse side.)

for the purpose on changing cons.

YOUR NAME James E. Roy YOUR NUMBER 75498 CELL LOCATION A. Dorm

WORK ASSIGNMENT Bakery B. DATE 7-31-56

MAIL ROOM
To: CENTRAL FILE
Date: AUG 7 1956
By: [illegible]

DO NOT WRITE IN THIS SPACE
Change Mail Address