

44-38861-5920

ENCLOSURE

[Handwritten signature]
6/8/68
100-79429

7174

Murken - negatives
Hw, Hp, type-
writing & notes

FILE#

44-38861

DATE _____

EXAMINER

5920-12

#

JK

Q#

261-262

K#

NEGATIVES

INITIALS _____

3

BEGGIN

JEFFERSON CITY, MISSOURI
MISSOURI STATE PENITENTIARY
WRITE ON THIS SIDE OF SHEET ONLY
DATE 10-24-66
37,0456-5
Dr. Earl C. Bigler
TO
Biggs Bldg.
STREET AND NUMBER
Missouri
CITY
STATE Business
RELATIONSHIP
JAMES E. ROY
00416
REGISTER 73
BOX 900, JEFFERSON CITY, MISSOURI 65102
HALL
CELL NO

Dear Sir;

ON or about the 7 of Sept 1966 I was committed to the Biggs Building on order of the Cole County Circuit Court. On my arrival at Biggs Building I had with me my trial transcript and other legal papers valued at about \$300.00. I also had \$40.00 in currency. Mr. Perry said I could not take them to the work that they would be kept in my personal property upon leaving Biggs bldg. Mr. Perry said they could not find them and that they might have been sent back to the prison. The officials said they wasn't returning here either. I would appreciate it if you would have some one to see if they could find these papers as I can't replace it. I turn before I left the receiving office it was put in a desk drawer in the receiving office.

Thank

James E. Roy

PLEASE REPLY TO THIS SIDE

FBI
LABORATORY

FILE# 44-38861

DATE _____

EXAMINER

JK

Q#

K#

7071

NEGATIVES

INITIALS _____

Kn hv of James E. Ray

FILE#

~~89-5942~~
44-38861

DATE

EXAMINER

JK

Q#

K#

NEGATIVES

INITIALS

Examiner's notes to HP

DEAR SIR;

WOULD YOU SEND THESE ITEMS
SPECIAL DELIVERY. *U/P*
THE MANUAL DID NOT LIST THE
SHIPPING WT. ON THE ITEMS I
ORDERED SO I ADDED \$10.00 IF
IT IS MORE WILL PAY ON RECEIVING.

ON SENDING ORDER WOULD YOU SEND
ME ANY MANUALS YOU MIGHT HAVE ON

1. SOUND STRIPERS. *Set*
2. DESCRIPTIVE CIRCULAR ON
12F AUTOMATIC CINE PRINTER.
3. THE PRICE OF THE EUMIG MARK
S SOUND PROTECTOR. THANKS

239.00

ERIC J. GALT
2608 HIGHLAND AVE.
BIRMINGHAM, ALABAMA

I WOULD LIKE THIS ORDER 35205
AS SOON AS POSSIBLE. THANKS

JK
FBI
LABORATORY

TYPEWRITING:

STYLE OF LETTERS.

HIGH CENTER

M

W

LOW CENTER

m

no serif on center bar

t ← offset to right

5 4

CAPITAL "E" PRINTS TO RIGHT - USE OF LETTER "I" FOR NUMERAL "1" - ALMOST ALL INSTANCES

HANDWRITING:

G - F - M - C - f - y - A

USE OF SMALL LETTER "h" - 7 (NUMERAL SEVEN)

HANDWRITING:

D - so - L - m - A -
th - th - my - w - k -

Th - h - w - y - B - L - K -
J - f - y - B

FILE#

DATE _____

EXAMINER

5920 Sec. 12

44-38861-5920

JK

Q# 412

K#

NEGATIVES

INITIALS _____

FILE#

~~44-38861-2~~

44-38861

DATE _____

EXAMINER

JK

Q#

K#

NEGATIVES

INITIALS _____

Typewriter Lel dated 10-5-67 signed Eric S. Hall (re Camera)

Eric S. Galt
2608 Highland Ave.
Birmingham, Ala. 35205

HOME PROCESSING HEADQUARTERS
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 North Wells Street • Chicago, Illinois 60610
PHONE Area Code 312 - 644-4448

INVOICE
no. 179530

ORDERED BY: E.S. Galt

Order Received: OCT 18 1967
Date Shipped: OCT 18 1967

CHARGES ON THIS INVOICE ARE CURRENT PRICES.
PLEASE REFER TO ABOVE INVOICE NO.
IN ANY CORRESPONDENCE ON THIS ORDER.

If substitution is not satisfactory, item may be returned for credit or exchange.

Shipped Via ☐ Parcel Post
☐ Express ☐ United Parcels

Due us: Credit Refund

Cancelled	Back-Ordered	Substituted	Amount Shipped	DESCRIPTION	Unit Price	Extension	TOTAL
	1			postage due 1st shipment			15.51
				Kodak Super 8 D38		pd	- 15.51
				Please excuse the unusual delay. Please pay this invoice plus postage upon receipt.			17.11

Amount Received \$
Credit
Prev. Bal. Due

POSTAGE REQUIRED 100/1.60
INSURED 60

ORDER CHECKED _____
CONTENTS CHECKED _____
BACK-ORDERED _____ DAYS

JK
FBI
LABORATORY

10-5-67

DEAR SIR:

I RECEIVED YOUR ORDER OF FOUR ITEMS THE 4th.
I WAS WELL PLEASED WITH EVERY THING EXCEPT
THE CAMERA, which i am returning.
THE CAMERA YOU SENT HAS ONLY ONE FILM SPEED
AND I WANTED THE KODAK M8 WHICH HAS 4.
AS I THINK I TOLD YOU ON THE PHONE I WILL
HAVE TO LEAVE FOR MEXICO SATURDAY AND WILL
BE UNABLE TO WAIT. DUE TO MEXICO HIGH CUSTOMS
I WOULD NOT WANT IT SENT THEIR.
UPON MY ARRIVAL IN MEXICO I WILL SEND YOU
MY ADDRESS AND YOU CAN MAIL WHAT EVER REMITTING
THEIR.

SINCERELY

pete
10/19

INVOICE NO. 179530

JK
FBI
LABORATORY

Eric S. Galt
2608 Highland Ave. (2608)
Birmingham, Ala. 35205

HOME PROCESSING HEADQUARTERS
8 and 16mm MOTION PICTURE FILM AND SUPPLIES
SUPERIOR BULK FILM CO.
442-450 North Wells Street • Chicago, Illinois 60610
PHONE Area Code 312 - 644-4448

INVOICE
No 179530

ORDERED BY: Eric S. Galt

Order Received: OCT 4 1967
Date Shipped: OCT 18 1967

CHARGES ON THIS INVOICE ARE CURRENT PRICES.
PLEASE REFER TO ABOVE INVOICE NO.
IN ANY CORRESPONDENCE ON THIS ORDER.

If substitution is not satisfactory, item may be returned for credit or exchange.

Shipped Via ☐ Parcel Post
☐ Express ☐ United Parcels

Due us: Credit Refund

Cancelled	Back-Ordered	Substituted	Amount Shipped	DESCRIPTION	Unit Price	Extension	TOTAL
	1			Kodak Dual Proj M952			168.00
				Kodak Super 8 D38			160.00
				EH HBI comb. splicer			4.49
				20ft remote control cable			4.75
				Note: The Kodak Model M8 Super 8 camera has been back-ordered due to the great demand. We will forward as soon as our new supply arrives. We are lending you the Crestline camera in order that you will not be inconvenienced.			337.24

Amount Received \$
Credit
Prev. Bal. Due

POSTAGE REQUIRED 15.51
INSURED 60

ORDER CHECKED _____
CONTENTS CHECKED _____
BACK-ORDERED _____ DAYS

JK
FBI
LABORATORY

FILE#

44-38861

DATE _____

EXAMINER

JK

5920 Sec. 12

Q# Q411

K#

NEGATIVES

INITIALS _____

44-38861 JK Q411
FBI
LABORATORY

ROOM	210		John L. Rayms		902	
ARRIVE	8-26-67		DEPART	RATE		5.00
DATE	26					
FORWARD						
ROOMS	14.50					
CAFE						
TAX	23					
BEVERAGE						
PHONE						
LONG DIS.						
LAUNDRY						
VALET						
GARAGE						
BAGGAGE						
TELEG.						
CASH						
TOTAL	4.73					
CR. CASH						
CR. ALLOW.						
BALANCE						

44-38861 JK 6911
FBI

FILE#

44-38861

DATE _____

EXAMINER

#

JK

Q#

K# C257-268

NEGATIVES

INITIALS _____

44-38861 JK K200
FBI
LABORATORY

600

Restrictions 2

FRANK GARRETT PERRY
First Middle or Maiden Last
215 West Drake Ave.
Street
City Auburn State Ala. 36830

2005125
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

Eng.
Occupation of applicant

Applicant's employer

Inside Examiner J.A.A.

Document used to verify birth

Date 3-21-68
Signature of clerk Ira Weissinger

Receipt number 2141

- No Yes
- ☒ ☐ 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? _____
 - ☐ ☒ 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? _____
 - ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ ☐ 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 ☒
 - ☐ ☒ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐ Are you now cured? Yes ☐ No ☒
 - ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ ☐ 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. 1965)

LABORATORY

[illegible]

REPORT OF EXAMINATION

VEHICLE MAKE:		Owner: <input type="checkbox"/> Non-Owner: <input type="checkbox"/>		LEARNER'S PERMIT NO.	
CAR MAKE:		YEAR:		ACCOMPANYING DRIVER'S NO.	
REGISTRATION NUMBER:		Frank G. Rusey Applicant's Signature			

VEHICLE HANDLING		Acc- ept.	Need Tire.	ROAD PROBLEMS		Acc- ept.	Need Tire.
START	Loc'n Controls			STOP SIGNS	Braking		
	Traffic Observ.			TRAFFIC LIGHTS	Placement		
SMOOTH STOP	Motor Oper'n.			RIGHT TURN	Braking		
	Shifting Gear				Placement		
BACKING	Traffic Observ.			LEFT TURN	Signal		
	Distance Lane				Lane		
PARKING	Speed			ONE WAY STREET	Speed		
	Lane				Turn		
TURN ABOUT	Traffic Observ.			LEFT TURN FROM ONE WAY STREET	Signal		
	Positioning				Lane		
START ON UP GRADE	Hand Brakes			USE OF HORN	Speed		
	Wheel Turn				Waiting		
POSTURE FOLLOWING	Placement			RIGHT OF WAY	Placement		
	Traffic Observ.				Changing		
OVERTAKING	Positioning			OTHER SIGNS	Signal		
	Maneuvering				Action		
BEING OVERTAKEN	Brake Control			BLIND IN TRAFFIC OBSERV.	Yielding		
	Motor Oper'n.				Taking		
VEHICLE HANDLING	Clutch ()			KEEPING IN LANE	Observation		
	Auto-Motor ()				Action		
VEHICLE HANDLING	Posture			ATTENTION TIME	Blind in Traffic Observ.		
	Following				Speed		
VEHICLE HANDLING	Overtaking			COUNTS	Restrictions		
	Being Overtaken				2. Corrective lenses		
PHYSICAL CONDITION				SCORE % COUNTS			
EYES: Red () Green () Normal () ACUITY: RIGHT LEFT BOTH WITH NEW GLASSES 20/ 20/ 20/ WITH PRESENT GLASSES 20/ 20/ 20/ WITHOUT 20/ 20/ 20/				3. Automatic Clutch 4. Mechanical Signals Other			
HEARING: Deaf () Poor () Good () INFIRMITIES: None Noted () Stiffness () Shakiness ()				ROAD (deductions) ROAD SIGNS ROAD RULES			
OTHER ()				REMARKS:			

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962.

Examiner

FBI
LABORATORY

520
Restrictions

First WILLIAM ELMER JOHNSON Last
Middle or Maiden

2909897
Void 30 days after.

Street 941 8th ST

City PLEASANT GROVE State ALABAMA 35127

3-29-68
Date passed
County of Residence

Date of birth Race Sex Weight Height Eyes Hair
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

Date 3-29-68

Signature of clerk

Inside Examiner HRP

Receipt number 137300

Document used to verify birth

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? North CAR. 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 William Elmer Johnson
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

4-3 01 JK 1250
FBI
LABORATORY

26 ROGER DAVID BROUSSARD

Restrictions First Middle or Maiden Last 2911516

Street 2123 - North 12th, Avenue Void 30 days after.

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? ILLIGER TOWN PA. 1958 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)

FBI

LABORATORY

Restrictions _____

Paul Edgar Goodpastor Jr.
First Middle or Maiden 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 Goodpastor Jr.
First Middle or Maiden Last

Heavy Equipment
Occupation of applicant

None

Applicant's employer

Date 3-14-68
Betty S. Watfield
Signature of clerk

Inside Examiner Bozeman

Receipt number 8654

Document used to verify birth _____

- No Yes
- ☒ 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? _____
 - ☒ 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
 - ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - ☒ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ 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 ☐
 - ☒ For distant vision do you wear glasses ☐ contact lenses ☐?
 - ☒ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐
 - ☒ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ 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 Goodpastor Jr.
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

44-38861 JK K26
FBI
LABORATORY

Restrictions _____

First Paul Middle or Maiden Edgar Last Goodpastor Jr

Street 1323 Perry St

City Montgomery State Ala 36104

2902875
Void 30 days after.

3-14-68
Date passed

Date of birth _____ Race W Sex M Weight 169 Height 5-11 Eyes Gray Hair Brown County of Residence 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 Goodpastor Jr
First Middle or Maiden Last

Heavy Equipment
Occupation of applicant

None

Applicant's employer

Date 3-14-68

Betty S. Watfield
Signature of clerk

Inside Examiner Bozeman

Receipt number 8654

Document used to verify birth _____

- No Yes
- ☒ 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? _____
 - ☒ 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
 - ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - ☒ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ 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 ☐
 - ☒ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐? Are you now cured? Yes ☐ No ☐
 - ☒ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ 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 First Edgar Middle or Maiden Goodpastor Jr Last

Form DL-2 (Rev. Dec. 1965)

FBI
LABORATORY

MOBILE CONCRETE CO.
P. O. BOX 428
RUSSELL, KENTUCKY 41169

DATE 11/17 19 67 73-113 421

PAY TO THE ORDER OF John Terry \$ 83.15

83 DOLS 15 CTS DOLLARS

Bank of Ashland
ASHLAND, KENTUCKY

MOBILE CONCRETE CO.

Rose Mary Jones

MOBILE CONCRETE CO.
P. O. BOX 428
RUSSELL, KENTUCKY 41169

DATE 11/17 19 67 73-113 421

PAY TO THE ORDER OF John Terry \$ 82.20

82 DOLS 20 CTS DOLLARS

Bank of Ashland
ASHLAND, KENTUCKY

MOBILE CONCRETE CO.

Rose Mary Jones

67-97507 JK 33
FBI
LABORATORY

67-97507 JK 34
FBI
LABORATORY

PAY ANY BANK
FEB. Cincinnati

NOV 30 1967 000

CENTRAL TRUST
COMPANY

13-39

PAY ANY BANK
FEB. Cincinnati

DEC 1 1967

13-39

67-97507 JK 33
FBI
LABORATORY

67-97507 JK 34
FBI
LABORATORY

Restrictions _____

First R. (only) Middle or Maiden W. (only) Last K. K.

Street Rt. #1 Box 102

City CAVE SPRINGS State GA. (Ala.) 36275 Date passed 3/28/69

Date of birth _____ Race _____ Sex _____ Weight _____ Height _____ Eyes _____ Hair _____ County of Residence CHEROKEE

2905932

Void 30 days after.

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. W. K.
First Middle or Maiden Last

TRUCK DRIVER
Occupation of applicant

Date 3-28-69
Daniel C. Jack
Signature of clerk

Applicant's employer _____

Inside Examiner Jul

Receipt number 827

Document used to verify birth NONE

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? MISSISSIPPI 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. W. K.
First Middle or Maiden Last



Restrictions	WINFORD PRESTON GILMORE		
	First	Middle or Maiden	Last
	Street 1203-21st. St.		
	City	Phoenix City	State Alab ma-36867
Date of birth			2909736
Race			Void 30 days after.
Sex M			4-9-68
Weight 175			Date passed
Height 5-11			County of Residence
Eyes Blue			Russell
Hair Brown			

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

U.S. Navy

Occupation of applicant

Applicant's employer

Inside Examiner G. L. Mc.

Document used to verify birth

Date April 9 1968

Signature of clerk

Receipt number 3061

- No Yes
- ☐ ☒ Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? 1959
Which county? Cass. Ala. Were you licensed? yes What type license was issued? Operator's ☒ Learner's permit ☐
Motor Driven Cycle ☐ If under a different name, what name?
 - ☐ ☒ 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
 - ☒ ☐ Have you ever been convicted of a violation of the motor vehicle laws? If yes when? _____
Where? _____ What offense? _____
 - ☒ ☐ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ ☐ 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 ☒
 - ☒ ☐ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ ☐ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐ Are you now cured? Yes ☐ No ☒
 - ☒ ☐ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ ☐ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ ☐ 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

Form DL-2 (rev. Dec. 1965)

FBI
LABORATORY

530
Restrictions

Robert Clifton Smith
First Middle or Maiden 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	Brn	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 Robert Clifton Smith
First Middle or Maiden Last

Retired
Occupation of applicant

Date 3-19-68

Applicant's employer

Blanche Alexander
Signature of clerk

Inside Examiner

Receipt number 674

Document used to verify birth None

- No Yes
- ☒ 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? _____
 - ☐ 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? _____
 - ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - ☒ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ 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 ☐
 - ☒ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐ Are you now cured? Yes ☐ No ☐
 - ☒ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ 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

Form DL-2 (Rev. Dec. 1965)

HL-3 51 JK K261

FBI
LABORATORY

320
Restrictions

James Preston Riddick
First Middle or Maiden Last

Street 322 First Ave.

City Saraland State Ala. 36571

2802797
Void 30 days after.

MAR 19 1968

Date of birth	Race	Sex	Weight	Height	Eyes	Hair	Date passed	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 Preston Riddick
First Middle or Maiden Last

Svc. Station Attendant
Occupation of applicant

Kellys Gulf Saraland
Applicant's employer

Inside Examiner act.

Document used to verify birth _____

Date MAR 19 1968

Vivian Heron
Signature of clerk

Receipt number 16737

- No Yes
- ☒ 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? _____
 - ☐ 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? _____
 - ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? _____
Where? _____ What offense? _____
 - ☒ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ 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 ☐
 - ☒ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐ Are you now cured? Yes ☐ No ☐
 - ☒ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
Explain _____
 - ☒ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
When discharged? _____
 - ☒ 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.

Form DL-2 (Rev. Dec. 1965)

Signed James Preston Riddick
First Middle or Maiden Last

FBI
LABORATORY

Restrictions Lee First Emerson Bellamy Middle or Maiden Lee

Street 809- Nashville, Ave. City Sheffield State Ala. 35640 Date passed March 28, 1968
 Void 30 days after.

Date of birth _____ Race White male Sex _____ Weight 165 Height 6'0" Eyes Hazel Hair Black County of Residence 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 Date March 28, 1968
 First Middle or Maiden Last

Record Distrib. Self Occupation of applicant _____
 Applicable's employer _____
 Inside Examiner COE Signature of clerk RJB
 Document used to verify birth _____ Receipt number 3018

- No Yes
- ☒ 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? _____
 - ☒ 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 ☒ No ☐ If yes, what year did it expire? 1968
 - ☒ Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? 1964
 Where? Memphis, Tenn. What offense? Speeding
 - ☒ Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? _____
 - ☒ 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 ☐
 - ☒ For distant vision do you wear glasses ☐ contact lenses ☐
 - ☒ Have you ever suffered from epilepsy ☐ fainting spells ☐ dizzy spells ☐ blackout spells ☐ Are you now cured? Yes ☐ No ☐
 - ☒ Do you have any physical ☐ mental ☐ defects that would make it difficult for you to operate a motor vehicle safely?
 Explain _____
 - ☒ Have you ever been a patient in an institution for the insane or feeble minded? Where? _____
 When discharged? _____
 - ☒ 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-2 (Rev. Dec. 1965)

44-38861 JK 8257
FBI
 LABORATORY

Out-of-state license No. _____ Issuing State _____ Expiration date _____ Department Action _____

No. _____ Yr. _____ No. _____ Yr. _____ No. _____ Yr. _____ No. _____ Yr. _____

Driver's Record

44-38861 JK 8257

REPORT OF EXAMINATION

VEHICLE DEFECTS: _____ Owner: ☐ LEARNER'S PERMIT NO. _____
 Non-Owner: ☐ ACCOMPANYING DRIVER'S NO. _____

CAR MAKE: 1968 YEAR: 1968

REGISTRATION NUMBER: 2818941 Applicant's Signature _____

VEHICLE HANDLING		Ag.	Std.	ROAD PROBLEMS	
START	Loc'n Controls Traffic Observ. Motor Oper'n. Shifting Gears	/	/	STOP SIGNS	Braking Placement
SMOOTH STOP	Traffic Observ. Distance Lane	/	/	TRAFFIC LIGHTS	Braking Placement
BACKING	Traffic Observ. Speed Lane	/	/	RIGHT TURN	Signal Lane Speed
PARKING	Traff. Obser.(2) Positioning Backing Placement	/	/	LEFT TURN	Signal Lane Speed
TURN ABOUT	Traffic Observ. Positioning Maneuvering	/	/	ONE WAY STREET	Placement Changing
STOP ON UP GRADE	Hand Brakes Wheel Turn Placement	/	/	LEFT TURN FROM ONE WAY STREET	Signal Lane Speed
START ON UP GRADE	Traffic Observ. Brake Control Motor Oper'n.	/	/	USE OF HORN	Right of Way
CLUTCH <input type="checkbox"/> AUTO-TRANS <input type="checkbox"/>				RIGHT OF WAY	Yielding Taking
POSTURE				OTHER SIGNS	Observation
FOLLOWING				BLIND INTERSECTN	Traffic Observ. Speed
OVERTAKING				KEEPING IN LANE	Attention
BEING OVERTAKEN				ATTENTION TIME	

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 ☐

SCORE _____ **% COUNTS** _____

RESTRICTIONS

- Corrective lenses
- Automatic Clutch
- Mechanical Signals
- Knob on Steering Wheel
- Outside Mirror
- Corrective lenses and outside mirror

Other _____

SCORE (deductions) _____ **ORAL** ☐

ROAD RULES _____

REMARKS _____

The applicant named herein has passed examination for drivers license.

Rev. Oct. 1962. Examiner _____

44-38861 JK 8257
FBI
 LABORATORY

400
Restrictions Clyde JUSTIN HILL SR.
First Middle or Maiden Last
Street RT 1 BOX 373
City BRYANT State ALA 35958 11-3-68
Date passed
Date of birth _____ Race _____ Sex _____ Weight _____ Height _____ Eyes _____ Hair _____
County of Residence 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

Date

4-3-68

Applicant's employer

Signature of clerk

Inside Examiner

TOS

Receipt number

2410

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? _____
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.

Form DL-2 (Rev. Dec. 1965)

Signed

Clyde Justin Hill SR.
First Middle or Maiden Last

44-38861 JK K264
FBI
LABORATORY

365
Restrictions: 2

Fontaine (M.M.) Stoen
First Middle or Maiden Last

Street P.C.S.L. (Big E Trailer Park)
201 No 10

City Greenville State ALA 36037

Date passed 4.2.68
Void 30 days after.

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

Occupation of applicant: Liquidator

Applicant's employer: Bank of Pine Apple

Inside Examiner: [Signature]

Document used to verify birth: [Signature]

Date: April 1, 1968

Signature of clerk: [Signature]

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. ☒ Are you now or have you ever been licensed to drive in any other state? Which State? Michigan VA
license expired? Yes ☐ No ☒ If yes, what year did it expire? 1966
Is your other State license expired? Yes ☐ No ☒ If yes, what year did it expire? 1-4-68
3. ☒ 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. ☒ 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? 1966
Which State? EL PASO, TEXAS Why? RETAINED 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 and understand that any false information herein will result in my license being cancelled.

Signed: [Signature]
First Middle or Maiden Last

Form DL-2 (Rev. Dec. 1965)

FBI
LABORATORY

FILE#

44-38861

DATE

EXAMINER

JK

Q260 removed

5920-12

Q255-262

Q#

K#

NEGATIVES

INITIALS

Dance records - BARTEN, SCHOOL RECORD.

44-38861
FBI
LABORATORY

LABORATORY

3

BEGIN

Nº 66429

NAME _____
ADDRESS _____
CITY _____
STATE _____
ZIP _____
DATE _____
DANCE ANALYSIS FOR INSTRUCTORS USE ONLY
a. Starting Position _____
b. Footwork _____
c. Body Position _____
d. Rhythm _____
FOR STUDIO USE ONLY
FROM _____
TO _____
W. _____
R. _____
QUEST. _____

FBI
LABORATORY

FBI
LABORATORY

FBI
LABORATORY

FILE# 44-38861

DATE _____

EXAMINER

#56

5920-12

Q# 173

K#

NEGATIVES

INITIALS _____

Charge within Order for Fine & Fee X

NAME PAUL, MICHAEL
Print or Type—Last Name First
House No. and Street, Apt. No. or Box or R.D. No. (if rural)
OLD ADDRESS 1333 HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
HOLLYWOOD, 3 114.0001
House No. and Street, Apt. No. or Box or R.D. No. (if rural)
NEW ADDRESS GENERAL DELIVERY MAIL POST OFFICE
Post Office, State, and ZIP Code
ATLANTA, GEORGIA
Post Office, State, and ZIP Code
SIGN HERE X. Paul, Michael
(If signed as agent, include title) DO NOT print or type
COMPLETE OTHER SIDE

CHANGE OF ADDRESS ORDER
MAIL OR CARRIER TO POST OFFICE OF OLD ADDRESS
THIS ORDER IS VALID FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless no postage is required by law)
FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES
CHECK IF
CHANGE FOR
ENTIRE FAMILY ☒ INDIVIDUAL SIGNER ONLY
CHANGE IS
PERMANENT ☒ TEMPORARY
UNTIL (Give date)
4-25-68
ENDORSEMENT OF CARRIER: DATE ENTERED
PDD Form 1578, Rev. 1965 455-164-7400-1

Postmaster

(Post Office, State, and ZIP Code)

COMPLETE OTHER SIDE

NAME PAUL, MICHAEL
Print or Type—Last Name First
House No. and Street, Apt. No. or Box or R.D. No. (if rural)
OLD ADDRESS 1333 HOLLYWOOD BLVD.
Post Office, State, and ZIP Code
HOLLYWOOD, 3 114.0001
House No. and Street, Apt. No. or Box or R.D. No. (if rural)
NEW ADDRESS GENERAL DELIVERY MAIL POST OFFICE
Post Office, State, and ZIP Code
ATLANTA, GEORGIA
Post Office, State, and ZIP Code
SIGN HERE X. Paul, Michael
(If signed as agent, include title) DO NOT print or type
COMPLETE OTHER SIDE

CHANGE OF ADDRESS ORDER
MAIL OR CARRIER TO POST OFFICE OF OLD ADDRESS
THIS ORDER IS VALID FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless no postage is required by law)
FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES
CHECK IF
CHANGE FOR
ENTIRE FAMILY ☒ INDIVIDUAL SIGNER ONLY
CHANGE IS
PERMANENT ☒ TEMPORARY
UNTIL (Give date)
4-25-68
ENDORSEMENT OF CARRIER: DATE ENTERED
PDD Form 1578, Rev. 1965 455-164-7400-1

Postmaster

(Post Office, State, and ZIP Code)

COMPLETE OTHER SIDE

NAME	GALT, RIC S. <small>Print or Type—Last Name First</small>	Effective Date
OLD ADDRESS	5533 HOLLYWOOD BLVD. <small>Post Office, State, and ZIP Code</small>	
	HOLLYWOOD, 3.11f. 90028 <small>House No. and Street, Apt. No.; or Box or R.D. No. (In care of)</small>	
NEW ADDRESS	GENERAL DELIVERY MAIN POST OFFICE <small>Post Office, State, and ZIP Code</small>	
	ALANTA, GEORGIA. <small>(If signed as agent, include title) DO NOT print or type</small>	
SIGN HERE	X <i>Ric S. Galt</i>	

COMPLETE OTHER SIDE 435-10-70670-1 GPO

CHANGE OF ADDRESS ORDER
MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS

THIS ORDER PROVIDES FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless you so direct) direct to the new address.

CHECK IF

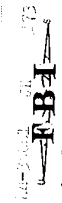
FORWARDING POSTAGE IS GUARANTEED FOR NEWSPAPERS AND MAGAZINES	
CHANGE FOR	
ENTIRE FAMILY OR FIRM	INDIVIDUAL SIGNER ONLY
CHANGE IS	
PERMANENT	TEMPORARY (until date)
	4-23-68
ENDORSEMENT OF CLERK OR CARRIER	DATE ENTERED

6c

Postmaster (Post Office, State, and ZIP Code)

FBI LABORATORY

FOI Form 3575, Nov. 1965 435-10-70670-1 COMPLETE OTHER SIDE ▶

NAME	GALT, ERIC S. <small>Print or Type—Last Name First</small>	Effective Date
OLD ADDRESS	5533 HOLLYWOOD BLVD. <small>Post Office, State, and ZIP Code</small>	
	HOLLYWOOD, Calif. 90028 <small>House No. and Street, Apt. No., or Box or R.D. No. (In care of)</small>	
NEW ADDRESS	GENERAL DELIVERY MAIN POST OFFICE <small>Post Office, State, and ZIP Code</small>	
	ATLANTA, GEORGIA <small>(If signed as agent, include title) DO NOT print or type</small>	
SIGN HERE	x <i>Eric S. Galt</i>	
COMPLETE OTHER SIDE		65-16-7070-1 GPO

CHANGE OF ADDRESS ORDER <small>MAIL OR DELIVER TO POST OFFICE OF OLD ADDRESS</small>	
THIS ORDER PROVIDES FOR THE FORWARDING OF FIRST-CLASS MAIL AND ALL PARCELS OF OBVIOUS VALUE (unless you get the order direct otherwise)	
CHECK IF	FORWARDING POSTAGE IS GUARANTEED FOR <input type="checkbox"/> NEWSPAPERS AND MAGAZINES
	CHANGE FOR <input type="checkbox"/> ENTIRE FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OR FIRM <input type="checkbox"/> SIGNER ONLY
	CHANGE IS <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY UNTIL (Give date)
	ENDORSEMENT OF CLERK OR CARRIER DATE ENTERED 4-25-68



Postmaster

(Post Office, State, and ZIP Code)



POD Form 3515, April 1965

65-16-7070-1

COMPLETE OTHER SIDE ▶

FILE# 44-3861

DATE _____

EXAMINER

JK

5920-12

Q# 225-226

K#

NEGATIVES

INITIALS _____

Eric S. Hoet

Eric S Galt

Received 1-30-68

44-38661 JK Q226
FBI
LABORATORY

4/14/68
JNL

Form 1583

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER, FEB-1, 1968
ALHAMBRA, CALIFORNIA

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
(Business name and address)
(ERIC-S)
(E.S.G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.

44-38661 JK Q226
FBI
LABORATORY

Applicant's full name ERIC S. GALT
Applicant's residence ST. FRANCIS HOTEL
Applicant's place of business 5533 - HOLLYWOOD BLVD.
Character of Business LOS ANGELES
References (give 2) CALIFORNIA - 90028

The business name of the addressee, if a corporation or trade name has been registered with the county clerk of _____ County, State of _____ on _____, 19____

x Eric S. Galt
(Signature of applicant)
C. M. Hedgpeth
(Signature of agent)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.

4/14/68
JNL

44-38661 JK Q226

TO: MECHANICAL SECTION

PHOTOSTAT XERON MULTIFILM PHOTODUPLICATION

DO NOT PHOTOSTAT: Bureau markings Words "Security Information" Reference Character of case Administrative Page(s) Cover Page(s)

Use Bureau Property Stamp

PHOTOSTAT XERON MULTIFILM PHOTODUPLICATION

44-38661 JK Q226

FILE#

44-38861

DATE _____

EXAMINER

JK

5920-12

Q# 130-133

K#

NEGATIVES

INITIALS _____

Superior Buck

JK
FBI

JK
FBI

7K
FBI
LABORATORY

FILE#

44-38861

DATE _____

EXAMINER

5920-12

#

JK

Q#

326-328

K#

NEGATIVES

INITIALS _____

9-20-68

Dear Sir:

I recently order a book
from your store titled
FOCAL ENCYCLOPEDIA - NO. 133
for \$12.25.
It says you had not shipped
it yet. Please
Do NOT WAIT IT!
I am waiting and will
pay for it. I am sure
you will ship it.

Best & wife
and family
and order

Rec'd from
Ruth Koenig
9N-13 Broadway NYC
5/1/68
B

44-38861 JK 327
FBI
LABORATORY

MODERN PHOTO BOOKSTORE
166 Fifth Avenue
New York, N. Y. 10010

Please send me the following books: No. 633 Amount Enclosed \$ 8.95

No. _____ No. _____ No. _____

I have purchased 2 or more books. Send me my FREE copy of OFFICIAL DEPTH OF FIELD TABLES.
I enclose ☐ Check or ☒ Money Order, payable to: Modern Photo Bookstore. Postage prepaid
U. S. A. and Canada.

NAME ERIC J. GALT

ADDRESS 2608 HIGHLAND AVE.

CITY BIRMINGHAM STATE ALABAMA ZIP CODE 35205

MPV 927. Add sales tax for booklets which have them. Add 10% per lb. for shipping
outside U.S.A. except APO's. Allow approximately 10 days for delivery. SATISFACTION
GUARANTEED! Money will be refunded if books are returned within 10 days.

107

44-38861 JK 4326

FBI
LABORATORY

9-26-67

Dear Sir:

I recently order a Book
from your store titled
FOCAL ENCYCLOPEDIA-NO. 633
for \$8.95.

If you have not already
mailed the Book (PLEASE
DO NOT MAIL IT)

I am moving and will
shortly send you my
correct address. Thanks

Eric J. Galt
2608 Highland Ave
Birmingham Alabama

44-38861 JK 4327

FBI
LABORATORY

FILE#

44-38861

DATE _____

EXAMINER

#

JK

5920-12

Q#

337

K#

NEGATIVES

INITIALS _____

P.O. form - Eric's Post

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER,

ALHAMBRA, CALIFORNIA

FEB. 1, 1968

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
 (Business name and address)
 (ERIC - S)
 (E. S. G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.

Applicant's full name..... ERIC S. GALT
 Applicant's residence..... ST. FRANCIS HOTEL
 Applicant's place of business..... 5533 - HOLLYWOOD BLVD.
 Character of Business..... LOS ANGELES
 References (give 2):..... CALIFORNIA - 90028

The business name of the addressee, if a corporation or trade name has been registered
 with the county clerk of County, State of
 on 19.....

x Eric S. Galt
 (Signature of applicant)
 C. M. Hedgpeth
 (Signature of agent)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.

FBI
LABORATORY

Post Office Department

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

POSTMASTER,

ALHAMBRA, CALIFORNIA

FEB. 1, 1968

The undersigned hereby requests that mail addressed to—

ERIC S. GALT
 (Business name and address)
 (ERIC - S)
 (E. S. G.)

be delivered to and in care of C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.

* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation, give in the spaces below, the name of the corporation and the names and addresses of its officers.

Applicant's full name..... ERIC S. GALT
 Applicant's residence..... ST. FRANCIS HOTEL
 Applicant's place of business..... 5533 - HOLLYWOOD BLVD.
 Character of Business..... LOS ANGELES
 References (give 2):..... CALIFORNIA - 90028

The business name of the addressee, if a corporation or trade name has been registered
 with the county clerk of County, State of
 on 19.....

x Eric S. Galt
 (Signature of applicant)
 C. M. Hedgpeth
 (Signature of agent)

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives.

FBI
LABORATORY

FILE# 44-38861

DATE _____

EXAMINER

JK

5920-12

Q#

134 135

K#

NEGATIVES

INITIALS _____

Locksmithing Inst. documents

I HAD TRAINING IN THE MILITARY IN ORDINANCE
AND SINCE THERE IS A SIMILARITY ^{between} THE TWO
I COULD COMBIND THEM IN ONE BUSINESS.

44-38861 JK 4135
FBI
LABORATORY

671

CONFIDENTIAL INFORMATION
for Locksmithing Institute

Your credentials as a registered Locksmithing Student justify your possession of tools and equipment necessary to pick locks and to perform other work of a highly restricted and confidential nature.

This form is your application to receive such credentials, the tools of your trade, instruction in lock-picking, and in the other secrets of the locksmithing profession. Answer each question completely and return this form promptly.

- YOUR NAME ERIC S. GALT
Student Number 30-15189 Telephone Number _____
- Age 36 Married _____ Single X Dependents NONE
- Name of Employer AM TAKING COURSE AT AMERICAN BUSINESS CONSULT-
Nature of your work ANTS.16010 CRENSHAW, LONG BEACH,CALIF.
- Have you any specialized training? BACK PAGE
- Education: Public School _____ High X College _____ Other _____
- How do you plan to capitalize on your training?
Spare-time earnings? _____ Open Your Own Shop? _____
Other Plans? X
- Have you any physical defects? NO
- List two character references:
1) Name MRS RITA STEEN 2) Name MRS MARIE DENIENO
Address 5666 FRANKLIN,L.A. Address 5533 HOLLYWOOD,L.A.
Occupation HOUSEWIFE Occupation WAITRESS

List any other information which you feel we should have in order to help you, on the reverse side of this form.

I, the undersigned, do hereby swear and affirm that I have never been convicted of the crimes of burglary, or breaking and entry, robbery, or grand or petty larceny,

I, I solemnly swear that I will keep in strict confidence and all of the information that I will receive from the Locksmithing Institute in regard to picking locks; that I will use this only in the discharge of my duties as a locksmith; that I will use my knowledge of this subject to aid or abet in the commission of a crime.

Galt City Los Angeles
Calif State Calif Zip Code 90027

44-38861 JK 4135
FBI
LABORATORY

LOCKSMITHING INSTITUTE • Little Falls, New Jersey, 07424

Please enroll me for the complete course in Professional Locksmithing (subject to your liberal Money-Back Agreement). I agree to follow your plan of teaching and to submit at least one lesson and/or payment every month. I will pay the tuition fee according to the payment plan checked below:

PLAN A ☒ I enclose \$10 enrollment fee. I will pay \$7.50 with each completed lesson (not less than \$7.50 per month) until I have paid \$229.50. I may proceed as rapidly as I wish.

PLAN B ☐ DOUBLE-QUICK PLAN. I enclose \$25 enrollment fee. I will pay \$15 with each completed lesson (not less than \$15 per month) until I have paid \$219.50. I may proceed as rapidly as I wish. I SAVE \$10.00.

PLAN C ☐ I enclose \$199.50 in full payment. I may proceed as rapidly as I wish and I SAVE \$30.00.

NAME ERIC S. GALT (Please Print Clearly)

STREET 2589 RUE NOTRE DAME EST.

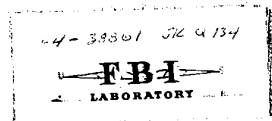
CITY MONTREAL, CANADA STATE QUEBEC ZIP CODE B1B9 1

LESSONS INCLUDE TOOLS AND SUPPLIES AT NO EXTRA CHARGE!

19 JAN 1981 - 1-02

ENROLLMENT FORM

A COPY OF THIS FORM WILL BE MAILED TO YOU FOR YOUR RECORDS

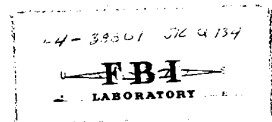


YOUR MONEY-BACK AGREEMENT
IS PRINTED ON THE REVERSE SIDE

KEEP THIS STUB

ENROLLMENT FORM

FILL IN OTHER SIDE. USE POSTAGE-FREE REPLY ENVELOPE



FILE# 44-3861

DATE _____

EXAMINER

JK

5920-12

Q# 216-224

K#

NEGATIVES

INITIALS _____

B of a Money Orders

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 3/24/01 BY 60322
JFK

60322
JFK

ack
4/16/68

44-38861 JK 0222
FBI
LABORATORY

89/9/14
JFK

60322
JFK

44-38861 JK 0223
FBI
LABORATORY

89/9/14
JFK

60322
JFK

44-38861 JK 0224
FBI
LABORATORY

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 19702
HOLLYWOOD-WESTERN BRANCH FEB 26 1968
Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION
HOLLYWOOD, CALIFORNIA 16-1007 1223
PAY TO THE ORDER OF *Tiffany Enterprises* 799 16-1007 1223
Good For NOT MORE THAN Five Hundred Dollars \$ 644 DOLLARS
PURCHASER *Eric S. Galt* *R. Peterson*
[Redacted]

44-38861 JK 0227
FBI
LABORATORY

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 19704
HOLLYWOOD-WESTERN BRANCH MAR - 6 1968
Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION
HOLLYWOOD, CALIFORNIA 16-1007 1223
PAY TO THE ORDER OF *Locksmith Ledger* 525 16-1007 1223
Good For NOT MORE THAN Five Hundred Dollars \$ 525 DOLLARS
PURCHASER *Eric S. Galt* *R. Peterson*
[Redacted]

44-38861 JK 0228
FBI
LABORATORY

MONEY ORDER PAYABLE AT ANY DOMESTIC BRANCH OF THIS BANK No. 0799 19703
HOLLYWOOD-WESTERN BRANCH MAR - 1 1968
Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION
HOLLYWOOD, CALIFORNIA 16-1007 1223
PAY TO THE ORDER OF *Tiffany Enterprises* 948 16-1007 1223
Good For NOT MORE THAN Five Hundred Dollars \$ 948 DOLLARS
PURCHASER *Eric S. Galt* *R. Peterson*
[Redacted]

44-38861 JK 0229
FBI
LABORATORY