

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. COL CAPPS	<i>[Signature]</i>	Feb 25
2. COL WELLS	<i>[Signature]</i>	25/2/80
3. MG THOMPSON		
4.		
5. SUBJ: AMSAA Grill Flame		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached document succinctly describes the AMSAA program and provides an excellent response to the science evaluation report. Do not suggest we beat a dead R&D horse, but feel we owe it to UScfa and Dr LaBerge to provide them copy. APPROVE DISAPPROVE SEE ME

GRILL FLAME (U)
CLOSE HOLD/HAND CARRY

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post) WILLIAM L. STONER 3300 <i>[Signature]</i>	Room No.—Bldg.
	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
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