CONVERSATION REC	ORD	TIME	DATE	70-307
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· U VISIT	CONFERENCE	X TELEPH	ONE	ROUTING
Location of Visit/Conference:			INCOMING .	NAME/SYMBOL INT
NAME OF PERSON(S) CONTACTED OR IN CONTACT	ORGANIZATION (Office, de	ot., bureau, Ti	CLEPHONE NO:	
WITH YOU	etc.)			
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SUBJECT Frame / Assurance	for couch	- Luce		
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