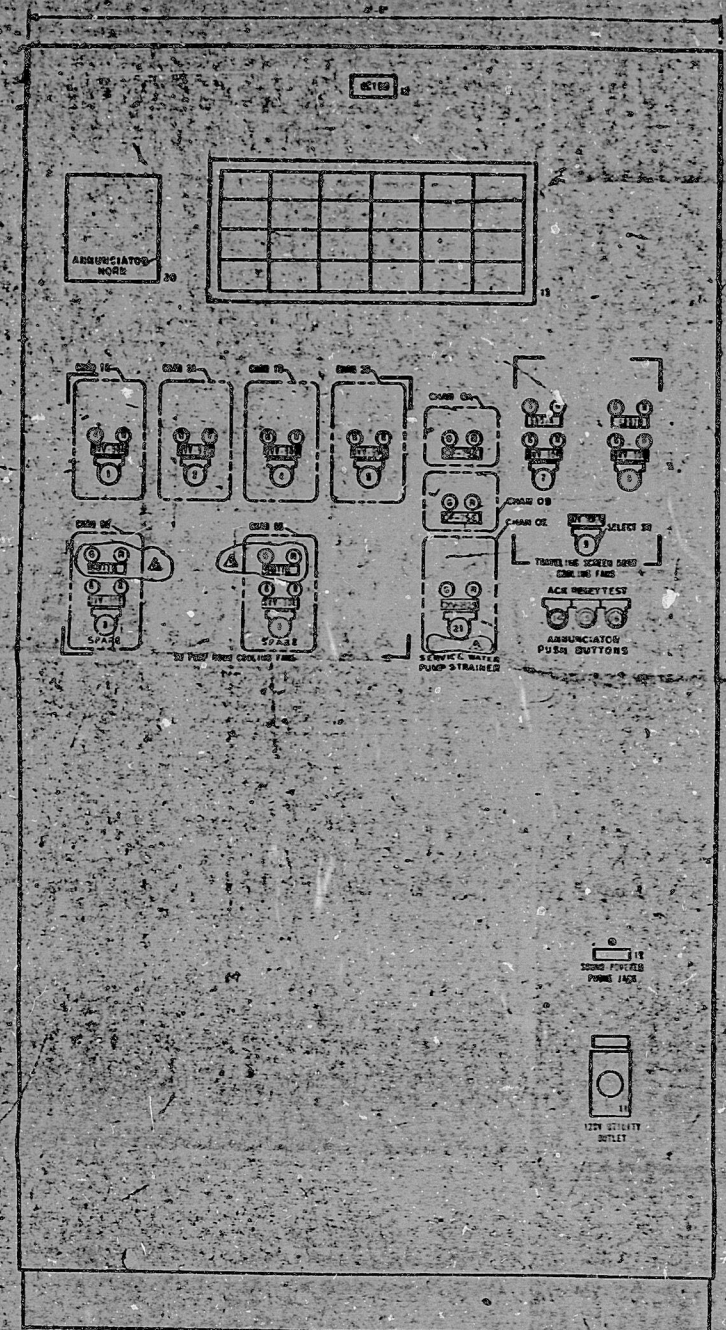




NOTES

1. NAME OF SERVICE - C-99
2. ADDRESS AND LOCATION AT WHICH TO CONTACT FOR
SPECIFIC LISTING TYPED IN BOX. OFFICER'S O.
3. THE SERVICE LIST WE HAVE - B-800
4. COMPLETE NOTIFICATION THROUGH AND ACTIVATION
FOR COMPLETE AND ACCURATE INFORMATION USE CP-1-2
5. CLASS II SERVICES DISCLOSED REPUTATION FORMS
DESIGNATED "CLASS II" ON 10, 16, 18, 20 AND 21
LISTED AND SHALL MEET THE DEPARTMENTAL REQUIREMENTS
OF PARAGRAPH 1.12 OF SPECIFICATIONS
TYPED IN BOX ALL OTHER SERVICES ARE CLASS I
6. ALL FIELD CLASSIFIED SERVICE SHALL BE FROM TOP
OF PANEL.

30X

I certify that the image contained on this film was made in the normal and regular course of business, on the date stated below and that it is an accurate reproduction of the document submitted to reprographic.

DATE: 10/1/77
CAMERA OPERATOR: [Signature]
REPRODUCTION: [Signature]

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APERTURE
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