



DEPARTMENT OF STATE
EXECUTIVE SECRETARIAT
ACTION SLIP

UNC

(Classification/Downgrader)

DATE: 2/15/2002

DATE DUE IN S/ES BY: S1

RELEASED IN FULL CONTROL NO.

ACTION ASSIGNED TO:

L

200130695

ACTION REQUESTED:

- FORMAL STATE TO MEMO
- STATE TRANSMITTAL FORM TO NSC OVP
- WITH DRAFT REPLY FOR SIGNATURE BY: _____
- WITH COMMENT/RECOMMENDATION
- TRAVEL AUTHORIZATION
- PROVIDE INFO COPY OF DIRECT REPLY ON BEHALF OF _____ ALONG WITH ORIGINAL INCOMING WH/OVP CORRESPONDENCE UNDER COVER OF A TRANSMITTAL FORM.
- RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE BY: _____
- (FOR SCHEDULE ITEMS ONLY): RECOMMENDATION FOR _____ UNDER COVER OF AN ACTION MEMO WITH REPLY FOR SIGNATURE. OR IF DECLINED: DIRECT REPLY ON BEHALF OF _____
- DIRECT REPLY ON BEHALF OF _____ FOR APPROPRIATE HANDLING
- WITH REPLY FOR SIGNATURE BY _____ FOR YOUR INFORMATION
- PROVIDE INFO COPY OF DIRECT REPLY TO S/ES -CR ± _____

REMARKS/SPECIAL INSTRUCTIONS:

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: FRANK E SCHMELZER
DATE/CASE ID: 24 SEP 2004 200303827

CLEAR WITH:

COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> S/ES	<input type="checkbox"/> A	<input type="checkbox"/> L	<input type="checkbox"/> S/NISC
<input type="checkbox"/> D	<input type="checkbox"/> S/ES-EX	<input type="checkbox"/> AC	<input type="checkbox"/> M/DGHR	<input type="checkbox"/> S/OF
<input type="checkbox"/> P	<input type="checkbox"/> S/ES-IA	<input type="checkbox"/> CA	<input type="checkbox"/> M/FSI	<input type="checkbox"/> S/P
<input type="checkbox"/> E	<input type="checkbox"/> S/ES-IRM	<input type="checkbox"/> CPR	<input type="checkbox"/> M/P	<input type="checkbox"/> S/RPP
<input type="checkbox"/> T	<input type="checkbox"/> S/ES-O	<input type="checkbox"/> DRL	<input type="checkbox"/> M/WHL	<input type="checkbox"/> USUN/W
<input type="checkbox"/> M	<input checked="" type="checkbox"/> S/ES-CR	<input type="checkbox"/> DS	<input type="checkbox"/> NP	<input type="checkbox"/> VC
<input type="checkbox"/> G	<input type="checkbox"/> S/ES-S	<input type="checkbox"/> EB	<input type="checkbox"/> OES	
<input type="checkbox"/> R		<input type="checkbox"/> ECA	<input type="checkbox"/> OIG	
<input type="checkbox"/> C	<input type="checkbox"/> AF	<input type="checkbox"/> EEOCR	<input type="checkbox"/> PA	
	<input type="checkbox"/> EAP	<input type="checkbox"/> FMP	<input type="checkbox"/> PM	
	<input type="checkbox"/> EUR	<input type="checkbox"/> H	<input type="checkbox"/> PRM	
	<input type="checkbox"/> NEA	<input type="checkbox"/> IIP	<input type="checkbox"/> S/CT	
<input type="checkbox"/> USAID	<input checked="" type="checkbox"/> SA	<input type="checkbox"/> INL		
	<input type="checkbox"/> S/NIS	<input type="checkbox"/> INR		
	<input type="checkbox"/> WHA	<input type="checkbox"/> IO		
		<input type="checkbox"/> IRM		

FROM: Frank E Schmelzer
EXECUTIVE SECRETARIAT
EXT: 7- 3569
FAX: 7-