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Headquarters
DATE:

SUBJECT: It is requested that you conduct name checks at the Government agencies marked below. Fill OHI ACSI STATE PASSPORT CSC HCUA OSI CSIF. I.& N REMARKS; Clearance Name Check. Your office is the Office of Origin. Attachments: Biog. Data Control Cards DISTRICT FIELD OFFICE DATE: TO, CHIEF, INVESTIGATIVE DIVISION FBI-NIC OTHERS-NR	TO	: Special Agent in C	Charge, District Field (Office	1 9 MAR 1963
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SPECIAL AGENT IN CHARGE (9-38-43)