SECRETARY OF	605)					
This form must be completed and forwarded to the Correspondence Control Div (CCD), WHS Room 3A948. Suspense Desk: (703) 697-9287 FAX Number: (70698-1219 Email: SuspenseDesk@cd.whs.mil				Action Agency Suspense Date	USP 04/01/2003	
1. ACTION TAKEN (Chec	k one)					
a ACTION HAS BEEN C	OMPLET	ED (Copy attached)				
b REQUEST EXTENSIO	N OF SU	SPENSE DATE TO		(Justify below)		
c. INTERIM REPLY HAS	BEEN S	ENT (Copy attached)	EXTEND SUSPENS	Е ТО	(Justify below)	
d REQUEST CANCELLA					'	
e REQUEST TRANSFER		SWT	(Justify below /inc	lude POC Name &	Phone Number)	
f REQUEST DOWNGRA	DE TO		(Justify be	'ow)		
2. JUSTIFICATION Per telecon w/ ESR LTC Linote. 3. REPORTING AGENCY 1. ACTION AGENCY SWT	nder I 42	c. APPROVING A				TIMO
		Signature		Date Signed		
b NAME OF ACTION OFFICER Zeno Gamble		INVALID		03/25/2003		
c. TELEPHONE NO.	6 ACT	ION TAKEN	(For FYSEC) Correct	andence Control Divisi	on Hee Only)	1
692-7190	a. EXT	TON TAKEN	Approved		Disapproved	4
d DATE	b. CANX	·	Approved		Disapproved	
03/25/2003	c. DWN		Approved		Disapproved	1
4. CCD CONTROL #	d. TRANSFER		Approved		Disapproved	0
	e. OTHER (Specify)		- Shinarea			1 %,
U04108-03	Signature Date Signed					
	Signature	282			25 MAR 03	2
SD FORM 391, JUN 2002	Cop	y to US	l Llose	Øv 3/	2503 240	G.