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SECRETARY OF DEFENSE CORRESPONDENCE ACTION REPORT							
This form must be completed and forwarded to the Correspondence Control DENsignaCCDD, WHS Room							
3A948. Suspense Desk: (703) 679-9287 FAX Number: (703) 695-1219 suspense desk@asd.pentagon.mil					Action Agency	ISA/WHA	
suspense_desk(gosepeniaBosinin		075470 S FC 0673			Suspense Date	03/26/2004	
1. ACTION TAKEN (Check one)							
a ACTION HAS BEEN COMPLETED (Copy attached)							
b. REQUEST EXTENSION OF SUSPENSE DATE TO (Justify below) will 30 April 2004 due to transfer							
c. INTERIM REPLY HAS BEEN SENT (Copy attached) EXTEND SUSPENSE TO (Justify below)							
d. REQUEST CANCELLATION (Justify below)							
e. REQUEST TRANSFER TO (Justify below/include POC Name & Phone Number)							
f. REQUEST DOWNGRADE TO (Justify below)							
2. JUSTIFICATION -completed replied directly TRANSFER TO SOUC							
3. REPORTING AGENCY							
a. ACTION AGENCY e. APPROVING AUTHORITX							
0				retary/ASD/Military	v/Executive Assi	stant Level)	
		(b)(6)	-7	.,,	1	Date Signed	
b. NAME OF ACTION OFFICER		l				_ '	
(b)(6)		<u> </u>				ZIAPROY	
	5. ACTION TAKEN (For EXSECUTIVE spondence Control Division Use Only)						
	a. EXT		Approved	Disapproved .			
d. DATE	b CANX		Approved	Disapproved			
7 APRIL 200÷	c. DWNGRD		Approved	pproved Disapproved			
4. CCD CONTROL #	d. TRANSFER		Approved	Disapproved			
04115-054	e. OTHER (Specify)						
04/020645	Signature	\mathcal{M}	7			Date Signed	
04/000045 Signature Sherred						412404	
SD FORM 391, Jan 2000 //							

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