

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE	10 JUL 1974	3190
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	SS NUMBER	069-24-3138 RETURN TO CIA	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER	007667 Background Use Only Do Not Reproduce	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) VM	ID CARD NUMBER		
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF: FORM 2458, DATED 19 JUNE 1974			<input type="checkbox"/> DISCONTINUED	
SUBJECT: CHARLOTTE BUSTOS-VIDELA		UNIT	99 DEPARTMENT OF STATE	

# KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: -
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> BASIC COVER PROVIDED EOD EFFECTIVE DATE	SUBMIT FORM 3254 W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify)	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 STATE W-2 TO BE ISSUED. (HNB 20-11) 99	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK -
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR HOSPITALIZATION CARD	
REMARKS AND/OR COVER HISTORY	
27 AUG 51--AUG 62--E.S.-OVERT 99 AUG 62--JULY 67--E.S.-OVERT 99 JULY 67--10 AUG 72--MEXICO STATE-MEXICO 99 1 SEPT 72--27 JUNE 74--E.S.-OVERT 99 28 JUNE 74--TRINIDAD STATE-MEXICO 99	
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James H. Franklin CHIEF, OFFICIAL COVER BRANCH, COVER AND ADMINISTRATIVE STAFF	