ROUTING AND TRANSMITTAL SLIP		ACTION
TO (Neme, office symbol or location)	INITIALS	CINCULATE
OGC: Cho*	DATE	COORDINATION
PE: Geoghegan	INITIALS	FILE .
•	DATE	INFORMATION
3	INITIALS	NOTE AND RETURN
EV: Liverman	DATE	PER CON - VERSATION
4	INITIALS	SEE ME
	DATE	SIGNATURE
REHARKS		

Attached for distribution and information are /s/ed copies of the DOE response to the OMB referral re:

Bikini Atoll

*Cindy:

Please distribute copies where appropriate (marked with red on the green concurrence).

cc: Susan Pearce/Laura Watkins

Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions.

FROM (Name, office symbol or location)

Kathy Ewing (OGC) - FED/rm 1147

2/23/78

PHONE

566-7090

OPTIONAL FORM 41

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