| TRANSMITTAL RECORD  The proposal season for the is form is ACSDED. |               |                        | 1. SECURITY CLASSIFICATION    |                                     |                     |            | 2. SHIPMENT NO. |                      |           |     |   |
|--|---------------|------------------------|-------------------------------|-------------------------------------|---------------------|------------|-----------------|----------------------|-----------|-----|---|
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     | The proponent agency for the=is form is ACSPER. |
| 3. TITLE/FILE IDENTIFICATION                                       |               |                        | 4.                            | EAR                                 | AS OF DATE<br>MONTH | DAY        | 5.<br>YEA       |                      | MONTH     | DAY |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 6. AUTHORITY FOR SHIPMENT  |               |                        | 7. NI                         | UMBER (                             | OF RECORDS          | TRANSMIT   | TED             | J                    | <u>l</u>  |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| PERSON TO CONTACT (Name and telephone)                             |               |                        | 9. REFERENCE / CONTROL SYMBOL |                                     |                     |            |                 |                      |           |     |   |
| (  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 10. HARD COPY  | $\overline{}$ | TYPE OF MEDIA DISKETTE | A TRAN                        | CASS                                |                     |            |                 | OTHER:               |           |     |   |
| РНОТО  |               | CD                     |                               | FISCI                               | HE                  |            |                 | OTHER:               |           |     |   |
| 11. NUMBER OF ENVELOPES / PACKAGES / BOXES                         |               |                        |                               | 12. NUMBER OF ITEMS                 |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 13. COURIER  |               | METHOD O               | F SHIP                        |                                     | AL FIDST CLA        | 00         | 1               | DOST                 | AL DADCEL |     |   |
| OVERNIGHT  | +             | UPS                    |                               | POSTAL FIRST CLASS POSTAL REGISTERD |                     |            |                 | POSTAL PARCEL OTHER: |           |     |   |
| 14. SHIPPED TO:  |               | <u></u>                | 15. 8                         | 15. SHIPPED FROM:                   |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
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|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| RETURN RECEIPT REQUI   |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| (If this box is checked, sign below and return copy to sender.)    |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 14a. TYPED NAME AND TITLE OF RECEIVER                              |               |                        | 15a.                          | TYPED I                             | NAME AND TI         | TLE OF SEN | NDER            |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 14b. SIGNATURE OF RECEIVER AND DATE                                |               |                        | 15b.                          | SIGNAT                              | URE OF SEND         | ER         |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 16. SPECIAL INSTRUCTIONS   |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
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|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
| 17. REMARKS  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
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|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
|  |               |                        |                               |                                     |                     |            |                 |                      |           |     |   |
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