

9/4/69

\* U. S. GOVERNMENT PRINTING OFFICE: 1967-271-146

|                                                              |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| NAME Miss (Last) (First) (Initial)                           |                                                                 |
| Mrs. WILLIAMS, Ogden                                         |                                                                 |
| ORGANIZATIONAL SYMBOL                                        | ROOM AND BUILDING                                               |
| O/FSI/VTC                                                    | 2701, SA-15                                                     |
| EXTENSION                                                    |                                                                 |
| 70700                                                        |                                                                 |
| RESIDENCE ADDRESS                                            | RESIDENCE PHONE                                                 |
| Washington, D.C. 20007                                       |                                                                 |
| IN CASE OF EMERGENCY NOTIFY Mr. John G. Williams (Brother)   |                                                                 |
| Telephone: Midway                                            |                                                                 |
| <input checked="" type="checkbox"/> ADD (New Listing)        | <input type="checkbox"/> REMOVE (Above Listing)                 |
| Transferred to _____                                         |                                                                 |
| Other _____                                                  |                                                                 |
| CHANGE:                                                      |                                                                 |
| <input type="checkbox"/> Room                                | <input type="checkbox"/> Building <input type="checkbox"/> Ext. |
| <input type="checkbox"/> Reassigned, former office was _____ |                                                                 |
| <input type="checkbox"/> Name, former name was _____         |                                                                 |
| SIGNED (Administrative Officer)                              | DEPARTMENT OF STATE                                             |
| DATE:                                                        | (Telephone Directory)                                           |
|                                                              | LOCATOR CARD                                                    |

FORM DS-180  
5-67  
OPR/GS