

**ISSUANCE REPORT**  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_

REPORT NO: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 FOR: \_\_\_\_\_  
 APPROVED: \_\_\_\_\_  
 DATE: \_\_\_\_\_

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NO.	1	2	3	4	5
1	1	1	1		
2	4	4	4		
3	5	5	5		
4	6A	6A	6A		1
5	4	4	4		
6	13A	13A	13A		
7	15A	15A	15A		1
8	5A	5A	5A		
9	11A	12A	12A	11	
10	13	13	12		2
11	10A	10A	17A	11	21

(The following section contains faint, illegible text, likely bleed-through from the reverse side of the page.)