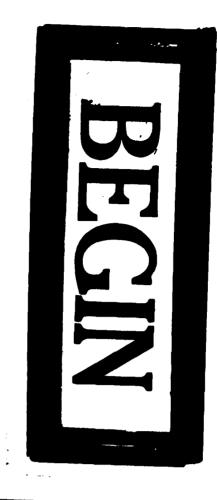
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DEAR SIR; WOULD YOU SEND THESES ITEMS SPECIAL DELIVERY. . C THE MANUAL DID NOT LIST THE Whipping WT. ON THE ITEMS I BRDENED SO I APPED \$10,00 IF IT IS MORE WILL PAY ON PECEVING ON SENDING ORDER WOULD VOU SEND ME ANY MANUAL'S YOU MITTE HAUR ON 1, SOUND STRIPERS. Let 2. DESCRIPTIVE CIRCULAR ON L & F AUTMOMATIC CINE PRINTER. 3. THE PRICE OF THE EUMIS MAKE S SOUND PROFECTOR. THANKS ERIC S. GALT 2608 HIGHLAND AUE. BIRMINGHAM, ALABAMA I WOULD LIKETHIS ORDER 35205 AS SOON AS POSSIBLE THANKS

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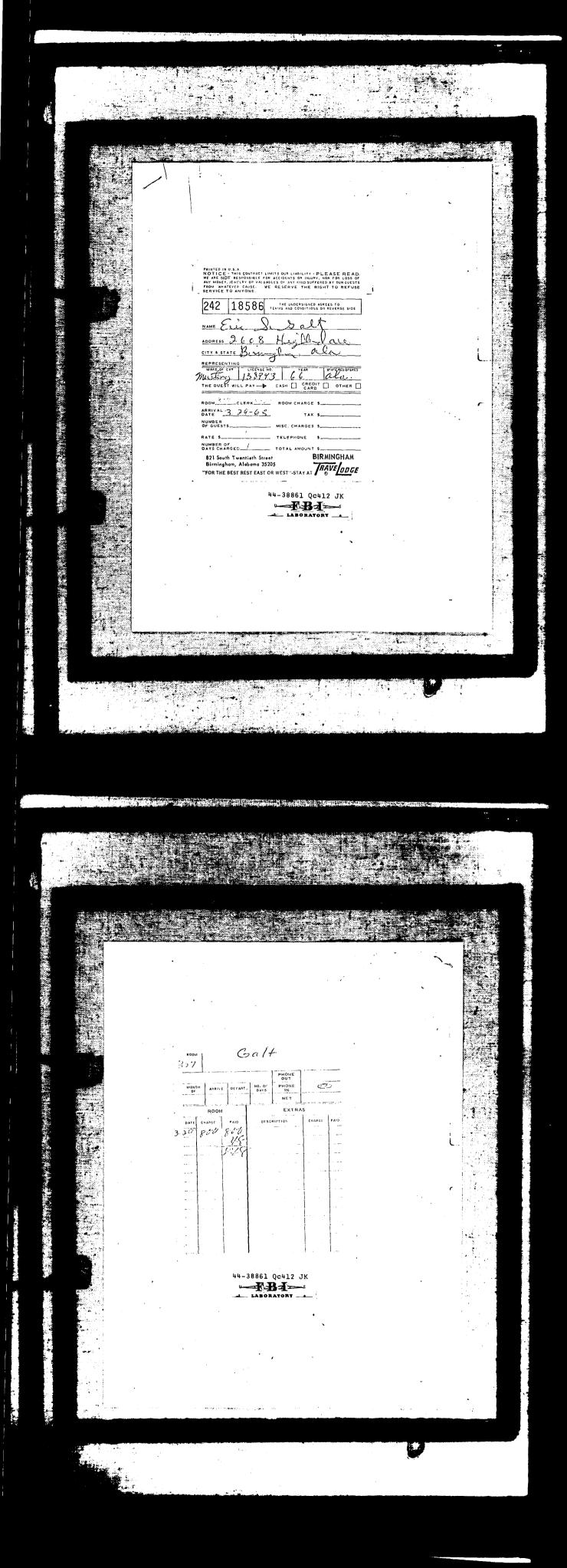
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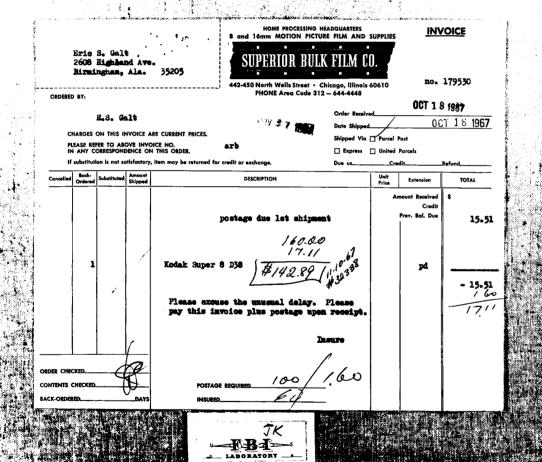
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DEAR SII I NEGET I WAS WI THE CAM THE CAM AND I WA AS I THII HAVE TO I BE UNABI I WOULD UPON MY ADDR THEIR. INVO			29-5-0I	DEAR SIR: I RECEIVED YOUR ORDER OF FOUR ITEMS THE 4th.	I WAS WELL PLEASED WITH EVERY THING EXCEPT	THE CAMERA, which i am returning.	THE CAMERA YOU SENT HAS ONLY ONE FILM SPEED	18 WHICH HAS	AS I THINK I TOLD YOU ON THE PHONE I WILL HAVE TO LEAVE FOR MEXICO SATURDAY AND WILL	BE UNABLE TO WAIT. DUE TO MEXICO HIGH CUSTOMS	I WOULD NOT WANT IT SENT THEIR.	Y ARIVAL IN MEXICO I RESS AND YOU CAN MAI	SINCEREIX	Sim District		INVOICE NO.179530		1		J.K
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HOME PROCESSING HEADQUARTER	INVOICE E
HOME PROCESSING PERUPURANT S and 16mm MOTION PICTURE FILM AN	
Eric S. Gelt 2609 Highland Ave (2608) SUPERIOR BULK FILM	10. No 1795305 E
Birmingham, Ala. 57209	ois 60610
PHONE Area Code 312 - 044744	OCT 3 - 1007 20 00 00 00 00 00 00 00 00 00 00 00 00
ORDERED BY: Eric 3. Galt THIS SHIPMENT IS MADE Date Sh	
Erio 3. Galt IN 2 PARCELS DUE Shipped CHARGES ON THIS INVOICE ARE CURRENT PRICES. TO SIZE AST.	Via □ Parcel Post
THE PROJECT NO.	ess United Parcels
PLEASE REFER TO ABOVE INVOICE NOTIONS IN ANY CORRESPONDENCE ON THIS ORDER. If substitution is not satisfactory, item may be returned for credit or exchange. Due out	
DESCRIPTION	Price Extension
Cancelled Ordered Substituted Shipped	Credit 337.27
EXIMAILLES .	Prev. Bal. Due
The state of the s	ivery
	168.00
Kodak Dual Proj 1952 Kodak Super 8 D36	160.00
EE HPI comb. splicer	4.75 337.24
/ Cuseline has been back-ordere	a Alla
Hote: The Kotak Model MS Super 8 camera as soon as our new due to the great demand. We will forward as soon as our new due to the great demand. We will forward as soon as our new our to the great demand. We are lending you the Crestline camera in o	rder 16171
supply arrives. We are lending you the treather that you will not be inconvenienced.	
3.55	THE SERVICE
ORDER CHECKED. POSTAGE REQUIRED.	,
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BACK-ORDERED DAYS	A STATE OF THE STA
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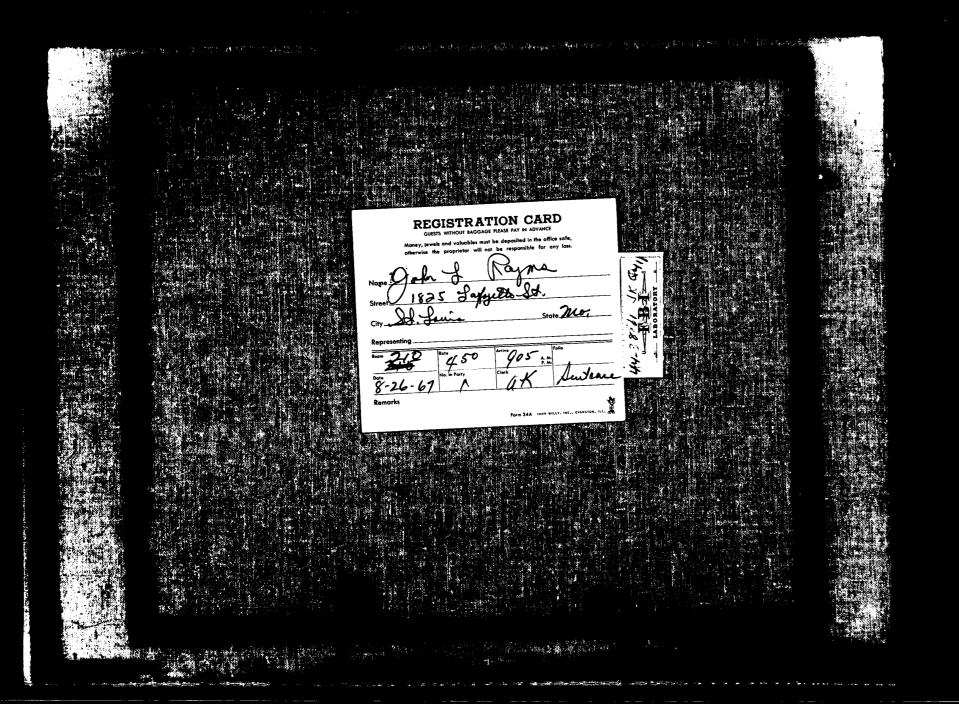
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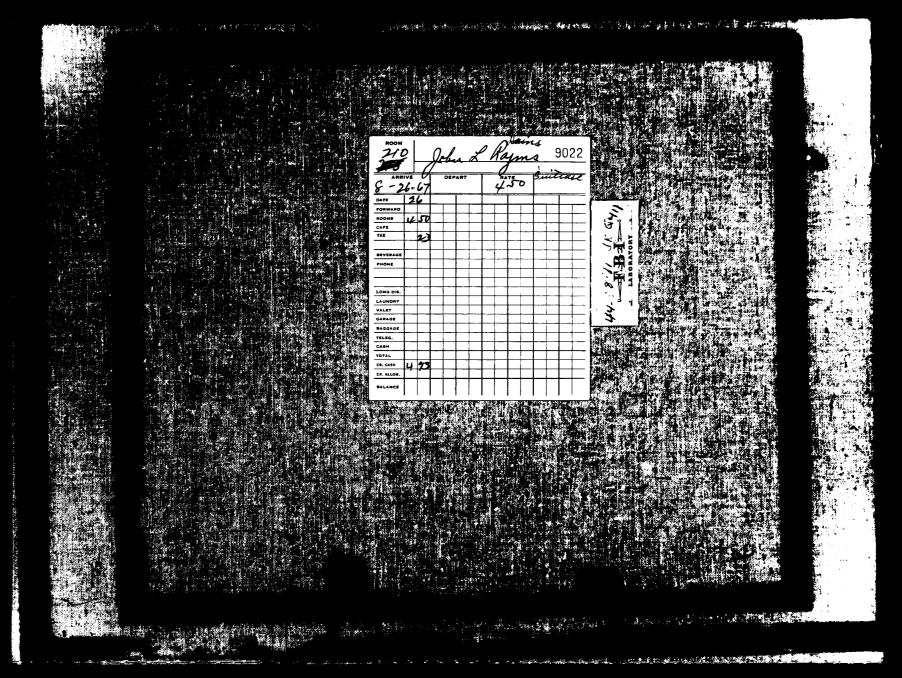
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& C C Restrictions	PRALK GATE	Middle or Maiden	Last		
1	Street 215 Wost Or	rako Ave.			Poid 30 days after
4	City	State Ala	36830		3-21-68
Date of birth		Weight Height	— <u> </u> —— -	Hair	County of Residence
	White Mae 1	185 5-11	Elue	Br.	lee
Upon the succe	cessful completion of the examination where you	NOTICE TO APPLICA ination this card must be u will be issued a temp		mmissioner of	f Licenses or Judge of
must be done w	within 30 days after completion.	1	n U	II paying	required ice.
	Applicant's	's signature Thank	h Man	or Manden	eny_
E	Eng.	Date	3-	21-	-68_
	Occupation of applicant		0 11	Veissis	nger
	Applicant's employer			Signature of cle	ar go
Inside Examiner Document used to v	verify birth		eipt number	441	
Document	erily piren				
	ou ever taken any part of an examina				
Which Motor	or Driven Cycle []. If under a differen	ere you licensed?, V	What type license was	as issued? Opera	rator's Learner's permit
2. [] TAre you	now or have you ever been licensed se expired? Yes [] No il. If yes, wh	I to drive in any other states	7 Which state? W.C.	at Ning	is your other st
i -	ou ever been convicted of a violation of				
		ow under suspension or revoc			
5. M [] Have you	driver license or driving privilege no-	ivilege revoked suspended	d cancelled or d	denied 🖙 Wha	at year?
_	ch state?ant vision do you wear glasses [Conf		Have you been	n authorized to) be relicensed? Yes 🗋 No
7. Have you	ou ever suffered from epilepsy [] fair have any physical [] mental [] defect	inting spells 🛭 dizzy spells 🗀			
Explai	have any physical mental defect ain			.e a moro	ièle satelyr
When	ou ever been a patient in an institution in discharged? ou ever been addicted to the use of in			awad?	
	or affirm that all statements on this	application are true and cor	orrect. I understand ti	that any false in	
		Signed Fran	nh Jan	Mul.	Very .
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		VEHICLE	Owner:	EXAMINAT LEARNERS	TION S SO.

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Rev. Oct. 1962. Examiner ment of King FB4

2025 RELEASE UNDER E.O. 14176

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		City Presswit out	//# · · · · · · · · · · · · · · · · ·			-	
	Date of birth	Race Sex	Weight	Height	Eyes I	fair County of I	
	Date of birth		-		n	JEFFERSOI	ı
		White Male	165	5–10	Grey Bro	UEFFE	
	·-		NOTICE T	O APPLICAN	T		tuden of
		essful completion of the	examination this c	ard must be t	aken to the Commi	ssioner of Licenses or	Juage of ce. This
	Upon the succe	inty of examination who	ere you will be iss	ued a tempoi	ary receipt after i	,,	
	must be done v	essful completion of the inty of examination who within 30 days after comp	pietion.	11/1	01	Sind with	
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		CT.		Date	27.6	<i>,</i>)	
_		Occupation of applicant		/	1./	1 1.	•
			TD.		·) >(:) ·	gnature of clerk	
	BONKE	Applicant's employer	<u> </u>		Sig	gnature of clerk	
						13-1300	
	Inside Examiner _	11:20		Receip	ot number	1.5.	
	1						
	Document used to	verify birth					
}	2.	or contry or Driven Cycle If under u now or have you ever bee nee expired? Yes No. Y. rou ever been convicted of a re? r driver license or driving p you ever had your driver lic iich state? stant vision do you wear gla you ever siffered from epile u have any physical men plain you ever been a patient in a nen discharged? you ever been addicted to t sar or affirm that all statem not concelled.	If yes, what year did if yes, what year did i violation of the motor	vehicle laws? vehicle laws? pension or revo- ced suspende red suspende red suspende red suspende red suspende red suspende red suspende	If yes, when?	r yes, which state?	.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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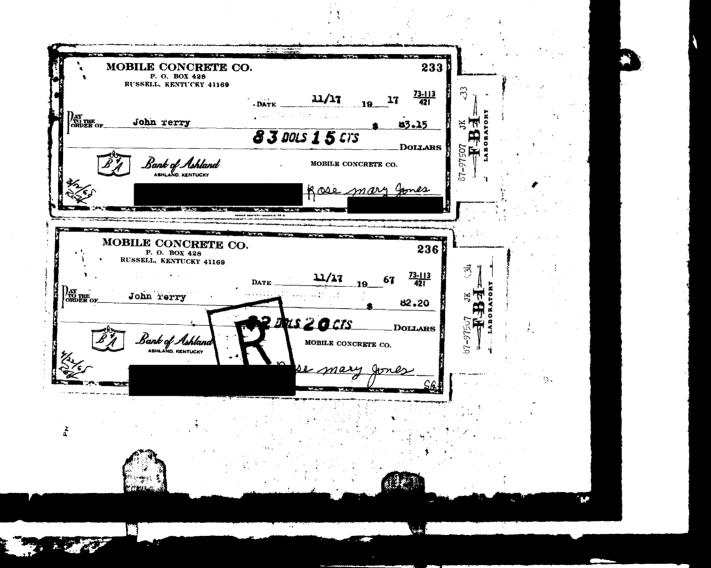
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Residetions	Firs	t	Middle or	Maiden	Last		2911516
	Street 212	23 - Nor	th 12th.	Avenue			Void 30 days after.
	City Bir	minghem	Sta	ate Ala			
Date of birth	Race	Sex	Weight	Height	Eyes	Hair	County of Residence
	w	М	170	6:0"	Br	Br	Jeff
			NOTICE T	O APPLICANT			
Probate in Cou	essful completion inty of examinat vithin 30 days aft	ion where y	ou will be iss	ard must be tak ued a temporar	en to the Co y receipt at	mmissioner (ter paying	of Licenses or Judge of the required fee. This
		Applican	t's signature	First	Midd	le or Maiden	. Con record 2 22 2
				21100	Midd	ie or maiden	
sales				Date		4-10	11 - 68
Bell & How	Occupation of appl ell	icant					Velui.
	Applicant's emplo	yer				Signature of	clerk
Inside Examiner				Receipt n	umber	3	5187
Document used to v	erify birth			1			
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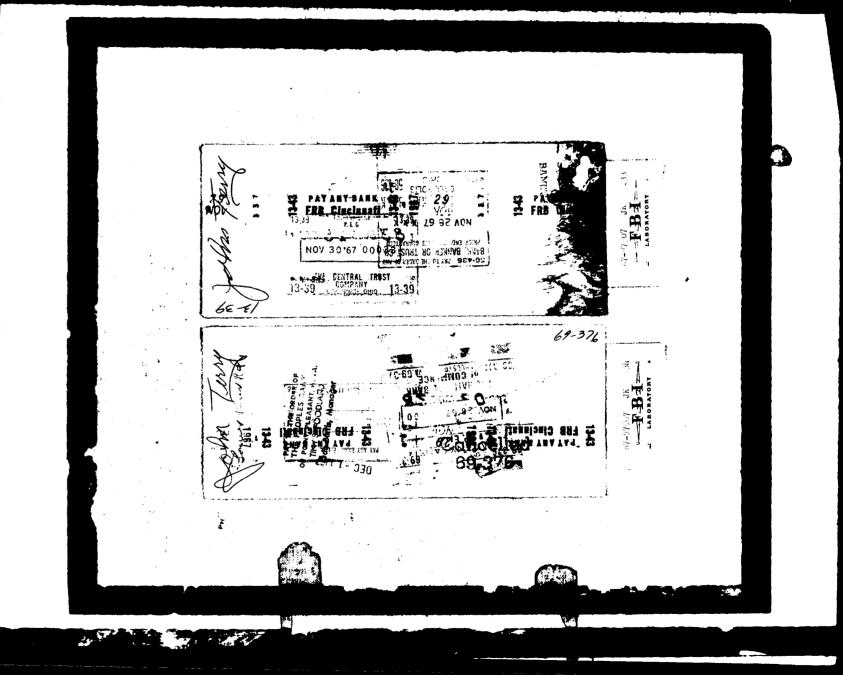
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	City Mont	gome ry	State	Na 36104			3.	-14-6
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9.2 Have you ever been a patient in an institution for the insane or feeble minded? Where? When discharged? When discharged? No Have you ever been addicted to the use of intoxicating liquors narcotic drugs Are you now cured? Yes No I do solemnly swear or affirm that all statements on this application are true and correct. I understand that any false information herein will refer to my ileense being cancelled. Signed Call Figst Middle or Nature October 1981 October 2011	No Yes 1. 0	ever taken county?	any part c any part c you ever es (2) No [onvicted of or driving our driver you wear a cd from ep	der a differ been licer licer reprivilege relicerse or re	Were you license rent name, what need to drive in what year did it in of the motor very mow under suspinow unde	Alabuma driver's i dr? — Whi i name? any other state? expire? — // // // // // // // // // // // // //	Which State? Which State? What offe on in any state: cancelled Have you be	THE STATE OF THE S	Is your other Is your other Is state? What year? to be relicensed? Yes now cured? Yes No No No No No No No No No No
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	essful completion inty of examinat rithin 30 days aft	er completio	mination this c	or APPLICAN or I must be ta ded a tempora		Commissioner ofter paying In of Maiden	of Licenses or Judge of the required fee. This Ion Lilmore
U.3. Na	Occupation of appl	icant		Date	apri	69	1968

Inside Examiner ___ Document used to verify birth

No Yes

1. C N Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? 1959.

Which county? Cetta. a calculation were you licensed? Affait What type license was issued? Operator's D. Learner's permit D. Motor Driven Cycle D. If under a different name, what name? 2.

Are you now or have you ever been licensed to drive in any other state? Which state?

Colored Ves B No C. If yes, what year did it expire?

1967 3. 2 D Have you ever been convicted of a violation of the motor vehicle laws? If yes, when? ... Where? _, What offense? _ 4. 💆 📋 Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? 5. 🕍 📋 liave you ever had your driver license or privilege revoked 🗅 suspended 🗅 cancelled 🗅 or denied 🗀? What year? 🚐

Have you been authorized to be relicensed? Yes \(\sigma\) No \(\sigma\) ____ Why? ____ 6. $\mbox{$\mathcal{K}$} = \mbox{$\mathbb{Z}$}$ For distant vision do you wear glasses $\mbox{$\mathbb{Z}$}$ contact lenses $\mbox{$\mathbb{Z}$}$? □ Have you ever suffered from epilepsy □ fainting spells □ dizzy spells □ blackout spells □? Are you now cured? Yes □ No □ 7. **K**

[i] Do you have any physical [i] mental [i] defects that would make it difficult for you to operate a motor vehicle safely? 8. 🗶 Explain 9. 💢 🖟 🖰 Have you ever been a patient in an institution for the insane or feeble minded? Where?

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10. X | Have you ever been addicted to the use of intoxicating figures | narcotic drugs | Are you now cured? Yes | No | I do solernily swear or aftern that all statements on this application are true and correct. I understand that any false information herein will result in my license being cancelled.

Signed - Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Last | Middle or Maiden | Middle or Maiden | Middle or Maiden | Last | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Maiden | Middle or Middle

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530 Restrictions

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2025 RELEASE UNDER E.O. 14176

Out-of-state license No.

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nh-38301 JK K20h FB4 LABORATORY	nh-38301 JK K20h	When 10. M Have you I do solemnly swear	discharged? ever been addicted to the use of or affirm that all statements on the	f intoxicating liquors (narcotic drugs 🖙 .	Are you now cured?	Yes No .
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Restrictions Middle or Maiden
Big E Traile 3 to em 2007074 Void 30 days after. 20 F NO Date passed
County of Residence Height Hair Weight 165 NOTICE TO APPLICANT Upon the successful completion of the examination this card must be take Probate in County of examination where you will be issued a temporary must be done within 30 days after completion. Applicant's signature Inside Examiner Receipt number . 1 Have you ever taken any part of an examination for an Alabama driver's license or learner's permit? What year? ... Were you licensed? ---3.

Have you ever been convicted a violation of the motor vehicle laws? If yes, when?

Where?

What of .. What offense? 4. 💢 🗅 Is your driver license or driving privilege now under suspension or revocation in any state? If yes, which state? 7. Have you ever suffered from epilepsy [] fainting spells [] dizzy spells [] blackout spells []? Are you now cured? Yes [] No [] 8 Do you have any physical D mental D defects that would make it difficult for you to operate a motor vehicle safely? Explain _ 9. Have you ever been a patient in an institution for the insane or feeble minded? Where? I do solemnly swear or affirm that all statements on this application are true and correct understand that any false information my license being cancelled.

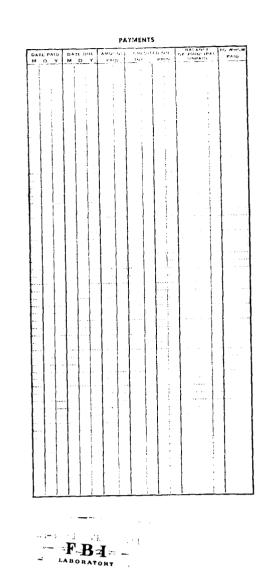
Signed Signed First Middle or Malden JK Hob **-FB4**=

2025 RELEASE UNDER E.O. 14176

FILE# 44-3886%	DATE EXAMINER # ゴゲ	- 1920 - 12-
K# Aginit	NEGATIVES	
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ADDRESS (A) I'm interested in the dances checked (B.) I have had dance lessons before Yes B No DANCE ANALYSIS FOR INSTRUCTORS USE ONLY a. Natural Ability Variety b. Style Self Confidence c. Balance Follow or Lead	PHONE (x) FOX TROT (X) CHA CHA () SWING () RHUMBA	
a. Natural Ability Variety b. Style Self Confidence	() SWING	
.]]	() TANGO	
d. Rhythm Suggested Program	() SAMBA	
PROM	Name ()	
GUEST of ARAGELLE	Interest ()	
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APPLICATION FOR EMPLOYMENT NAME IN FULL OPENING EVER & Dalo	Date 1-77 63
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Are you a citizen of the United States?	······································
If not, do you intend to become a citizen?	
Married, Divorced, or Single SINGLE.	nployers:
Name Addr	
MR. WILLER . 751-5-F	IGEROA 5000
:	
Give the Names and Addresses of three character referc	
Name	Address
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Rita Steen	5533 Holgand Bl. Helyantery
Charly Denins	5666 Fronklin, Hollywood, crof
Lettery Teenment	Stel Franklin, theyand, colly
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What work do you do best?	
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Street Control Research	Per Date Fire.

Approved

- F.B.I

Andrew Johnson

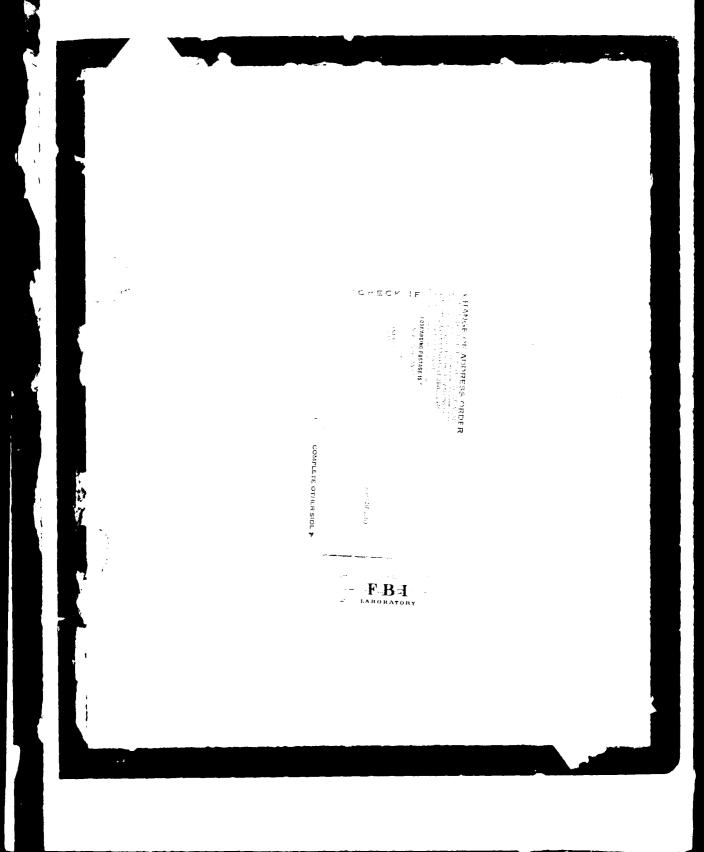
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DANCE ANALYSIS FOR INSTRUCTORS USE ONLY

DANCE ANALYSIS FOR INSTRUCTORS USE ONLY

DESCRIPTION OF THE PROPERTY

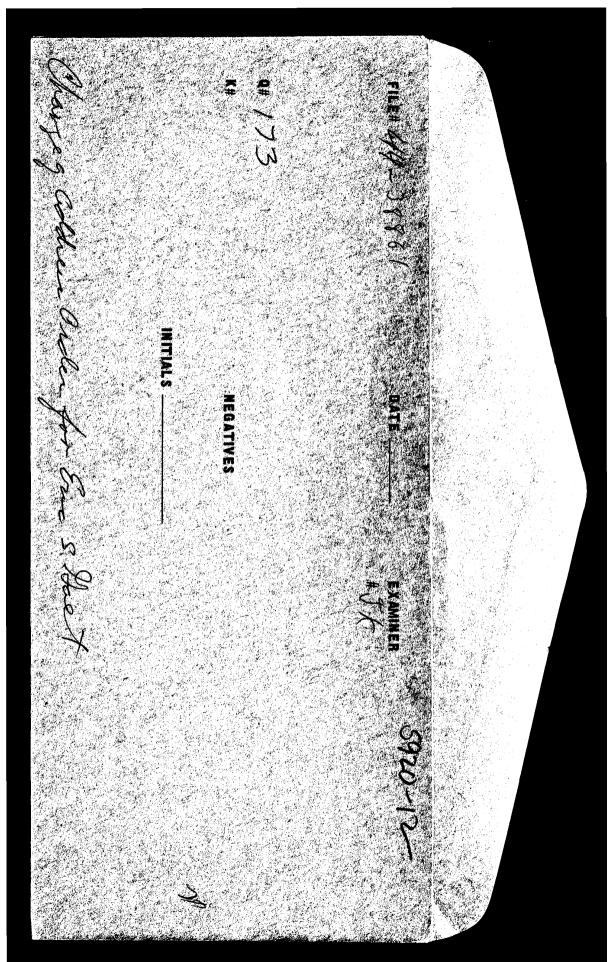


INSTALLMENT NOTE -- INTEREST EXTRA

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HOTE INSTALLMENT BEAUTY LAW ARROWS AND WORKER LAW (4)

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2025 RELEASE UNDER E.O. 14176





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(Post Office, State, and ZIP Code)

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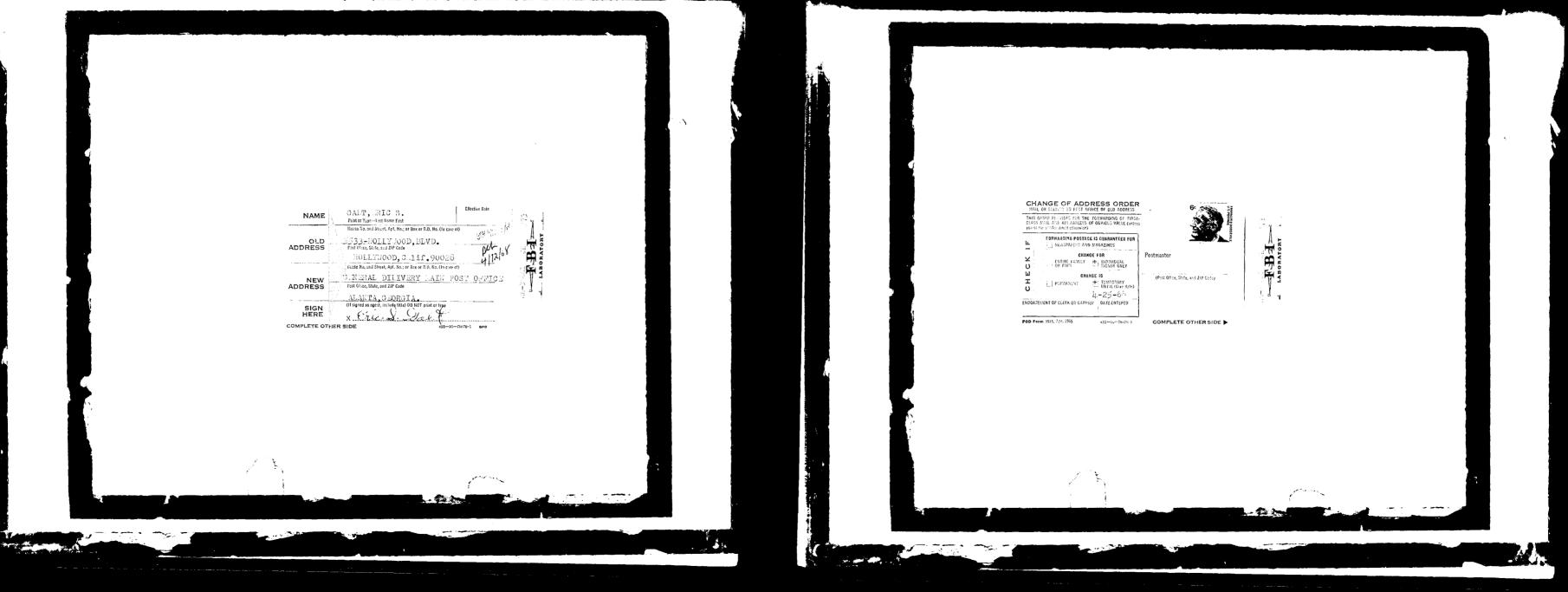
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2025 RELEASE UNDER E.O. 14176





FILE# 44-386/

EXAMINER # ガド

Q# \$225-226

NEGATIVES

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4/14/L8

Post Office Bepartment

APPLICATION FOR DELIVERY OF MAIL THROUGH AGENT

	F.F.13. J	, 19 .68
POSTMASTER,		
ALHAMBRA, CALIFORNIA		
The undersigned hereby requests that	_	
E.C.I.	e S.GALT	
(Business	name and address)* (FP1C-	c
be delivered to and in care of C. M. HEDGPE		
* If the addressee of the mail is a firm, give is to be delivered; if a corporation, give in the space addresses of its officers.	n the spaces above name of each of thoses below, the name of the corporation	e members whose mail and the names and
p	- C T	
Applicant's full name) () []	
Applicant's residence	RANCIS HOT	!-
Applicant's place of business 553	3 - HOLLY WOC	P BLYD.
Character of Business 165	ANGFLES	
References (give 2):	·	
The business name of the addressee, if a	corporation or trade name has	been registered
with the county clerk of	County, State of	
on, 19	·	
17	X Euc S. S.	ant)
	(Signature of sect	,
NOTE—This application must be executed in be kept on file by the agent in such manner that it is	duplicate by the applicant. A signed copy at all times available for examination by	of the application will postal representatives.

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FILE# 44-38861

DATE

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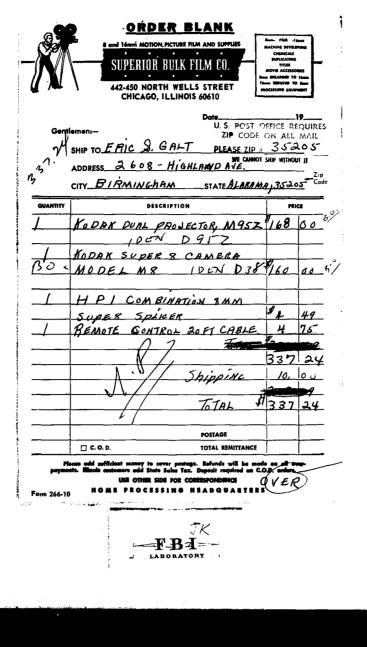
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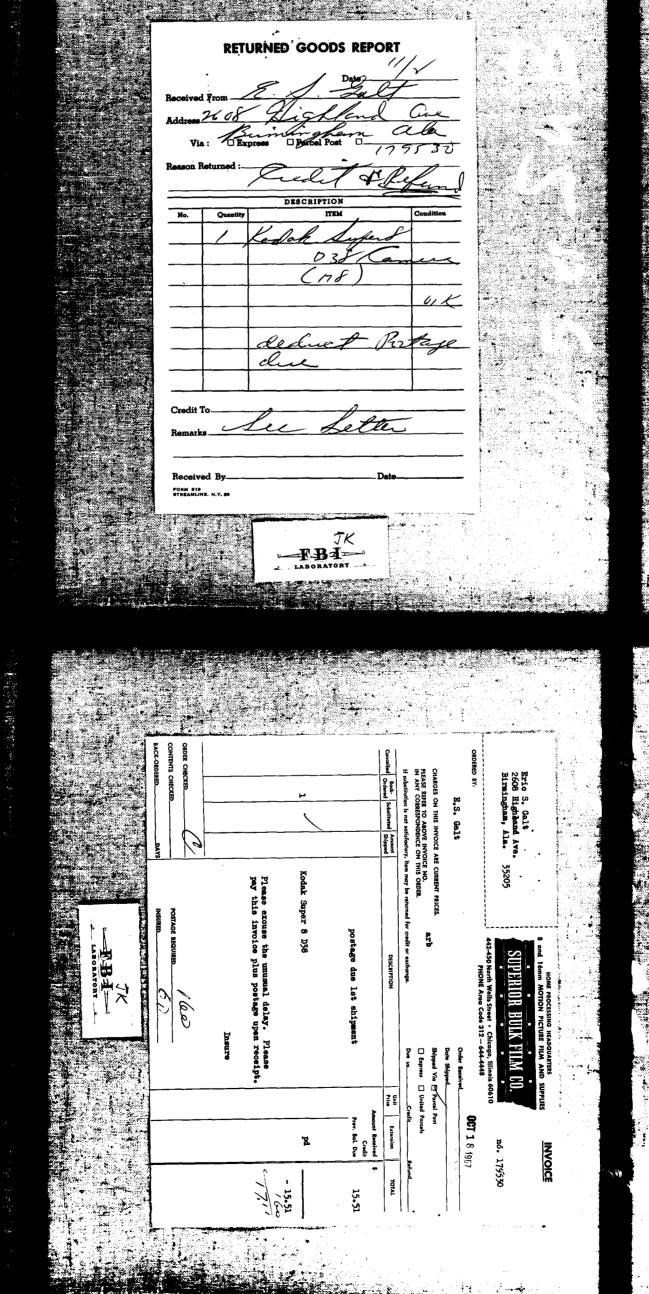
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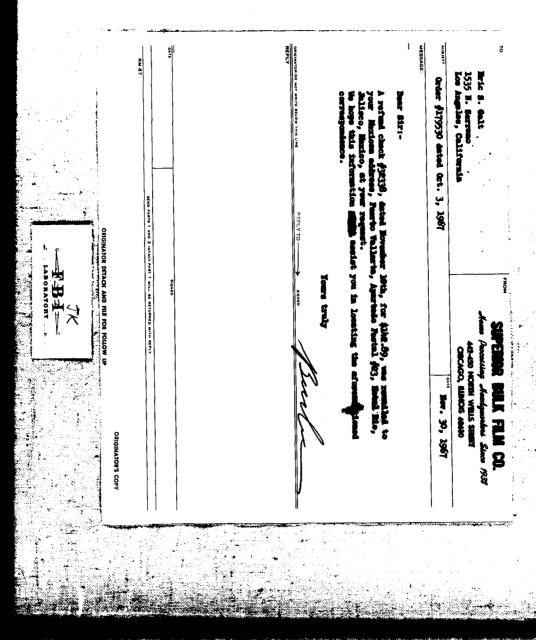
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Superior Buck

2025 RELEASE UNDER E.O. 14176







10-22-67

DEAR SIR,

I ORDERED FOUR ITEMS FROM YOUR COMPANY FROM THE ADDRESS BELOW

2608 HIGHLAND AVE. BIRMINGHAM ALABAMA. INVOICE NO.179530.

I RETURNED THE SUPER 8 CRESTLINE AS IT WAS UNSATISFACTORILY IN USE WITH KODAK PROJ.M95Z.AND I DIDNT HAVE TIME TO WAIT FOR THE KODAK CAMERA.

HOTEL, RIO.

YOU CAN SEND THE REFUND TO THE BELOW ADDRESS AS I WILL BE HERE FOR AWHILE.

SINCERELY

ERIC S. GALT.

Eric I Salt

PUERTO VALLARTA, JALISCO, MEXICO

APARTADO POSTAL NO.23.

II-20-67

DEAR SIR,

WHILE IN BIRMINGHAM ALABAMA I ORDERED FOUR ITEMS FROM YOUR COMPANY, I RETURNED ONE FOR A REFUND THE KODAK SUPER 8 CRESTLINE. I SENT YOU MY ADDRESS WHILE IN MEXICO BUT DID NOT HERE FROM YOU HOWEVER I DID NOT RE'CD ANY MAIL WHILE THEIR SO IF YOU WROTE THE LETTER MAY HAVE GOT LOST. I WILL BE AT THE BELOW ADDRESS FOR FIVE MONTHS. THANKS.

ERIC S. GALT
1535-NORTH-SERRANO
LOS ANGELES, CALIFORNIA. 90027

Child Market Ma

for credit or refund

order # , 79530

FILE# 44-38861 DATE

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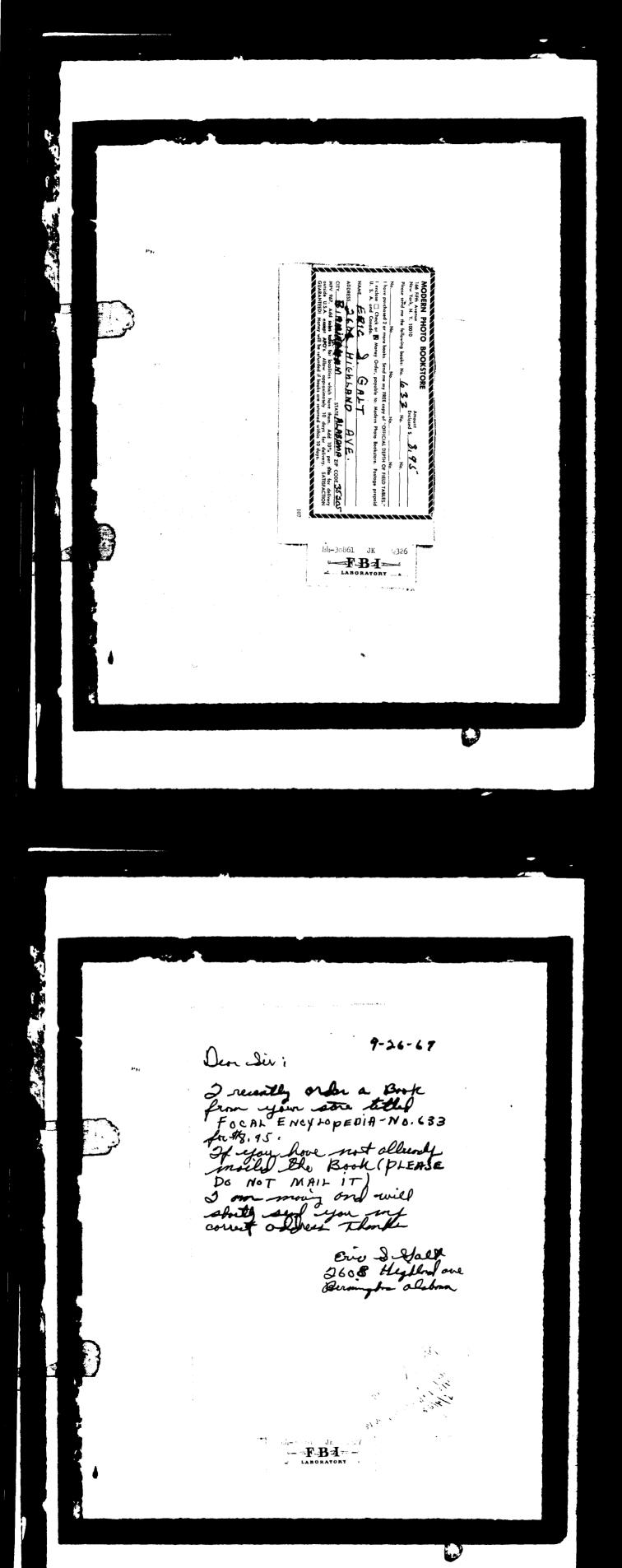
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INITIALS_____

9-26-67 Den Sir; I recently order a Book from your some titled for AR A ENCYLOPEDIA-NO. 633 n #8, 95. Love not alundy. Ble Book (PLEASE NOT MAIL IT court offer Eric & Halk 2608 Keylordove Bermyton alebra 114-30861 JK FB4



44-38861

DATE

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NEGATIVES

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P.O. form- Ene 5. Host

Form 1483

Bost Office Bepartment

POSTMASTER,	F.F.B., 1 , 1968
ALHAMBRA, CALIFORN	NIA
The undersigned hereb	y requests that mail addressed to—
	ERIC S. GALT
	(Business name and address) (ETIP-5)
	(E.S.G.)
be delivered to and in care of	C. M. HEDGPETH, 406 SOUTH SECOND STREET, ALHAMBRA, CALIFORNIA.
• If the addressee of the me	ail is a firm, give in the spaces above name of each of those members whose mail
addresses of its officers.	ail is a firm, give in the spaces above name of each of those members whose mail negive in the spaces below, the name of the corporation and the names and
.,	
	ERIC S. GALT
Applicant's residence	ST. FRANCIS HOTFL
Applicant's place of business	5533 - HOLLYWOOD BLY, LOS ANGELES
Character of Business	LOS ANGELES
References (give 2):	CALIFORNIA - 90028
The business name of t	he addressee, if a corporation or trade name has been registered
with the county clerk of	County, State of
o n	
	x Euc S. Dall
	Eric S. Salt (Signature of applicant) C. M. Alexander of Application

Form 186

Post Office Bepartment

PPLICATION	FOR	DELIVERY	OF	MAIL	THROUGH	AGENT
				,	ED I	

POSTMASTER,
ALHAMBRA, CALIFORNIA

FEB. 1 , 1968

The undersigned hereby requests that mail addressed to—

[Fig. C. C. A.L.T.

(Business name and address)*

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* If the addressee of the mail is a firm, give in the spaces above name of each of those members whose mail is to be delivered; if a corporation-size in the spaces below, the name of the corporation and the names and

Applicant's full name EPIC SGALT

Applicant's residence ST FRANCIS HCTFL

Applicant's residence ST FRANCIS HCTFL

Applicant's place of business 5533 - HOLLY WOOD BLYD

Character of Business LCJ AN GELES

References (give 2): CALIFORNIA - YOURS

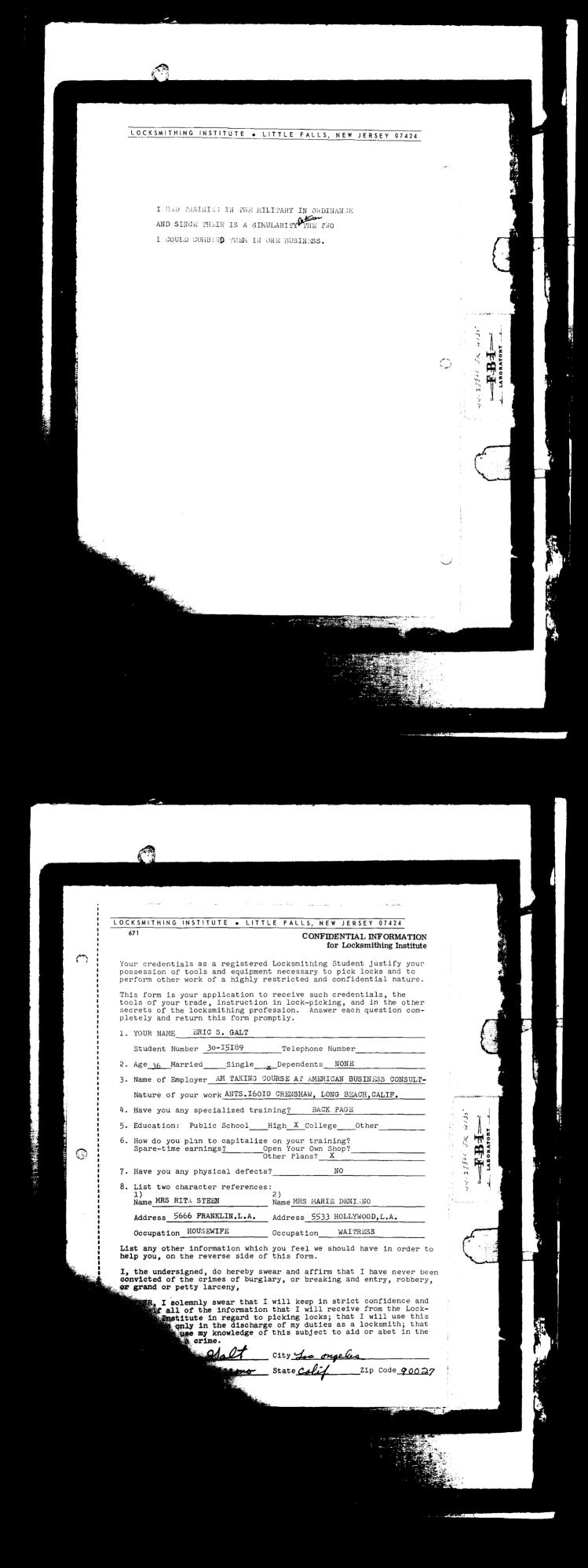
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x erice State of police

NOTE—This application must be executed in duplicate by the applicant. A signed copy of the application will be kept on file by the agent in such manner that it is at all times available for examination by postal representatives

- F.BA:

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	INITIALS			
P 1	0 11-			



LOCKSMITHING INSTITUTE • Little Falls, New Jersey, 07424 Please enroll me for the complete course in Professional Locksmithing (subject to your liberal Money-Back Agreement). I agree to follow your plan of teaching and to submit at least one lesson and/or payment every month. I will pay the tuition fee according to the payment plan checked below: according to the payment plan checked below: PLAN A 2 1 enclose \$10 enrollment fee. I will pay \$7.50 with each completed lesson (not less than \$7.50 per month) until I have paid \$229.50. I may proceed as tapidly as I wish. PLAN B DOUBLE-QUICK PLAN. I enclose \$25 enrollment fee. I will pay \$15 with each completed lesson (not less than \$15 per month) until I have paid \$219.50. I may proceed as rapidly as I wish. I SAVE \$10.00. PLAN C I enclose \$199.50 in full payment. I may proceed as rapidly as I wish and I SAVE \$30.00. FOR CITY MONTREAL, CANADA STATE QUEBEC ZIP CODE LESSONS INCLUDE TOOLS AND SUPPLIES AT NO EXTRA CHARGE!

-4-39361 SK 4134

FB4 LABORATORY E.

NAME ERIC S. GALT
(Please Print Clearly)

STREET 2589 RUE NOTRE DAME EST.

ENROLLA

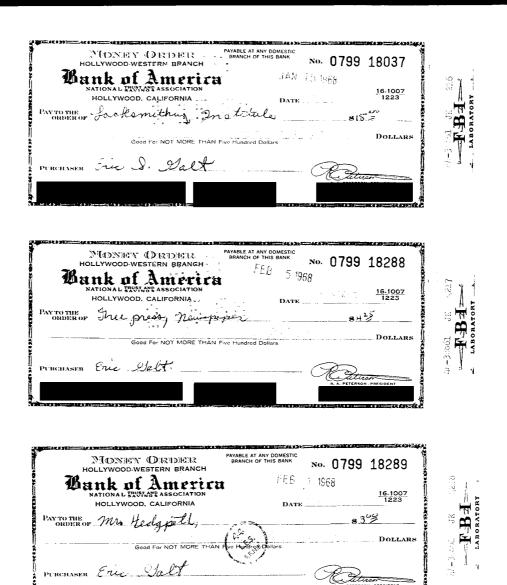
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AGREEMENT
IS PRINTED ON THE REVERSE SIDE

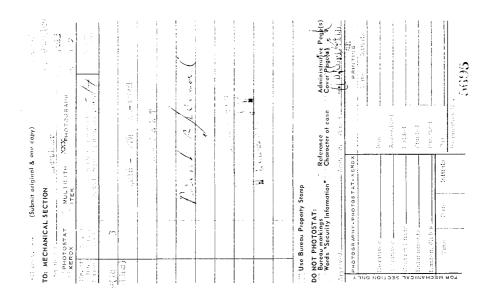
KEEP THIS STUB

FILL IN OTHER SIDE. USE POSTAGE-FREE REPLY ENVELOPE

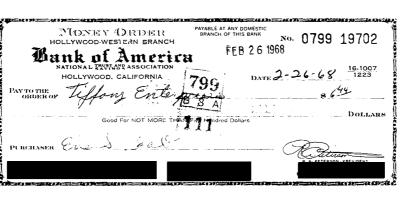
24-39301 JK 4134 FB4 LABORATORY

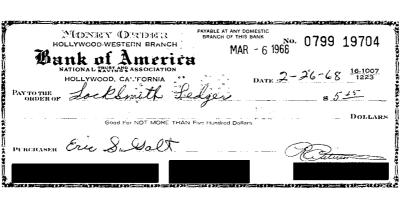
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