NOTICE OF CLASSIFICATION

NOTE: Appeal from a classification by a Local Board or Board of Appeal must I days from the date of this notice at the office of the Local Board.

Keep	in to	ouch
with :	your L	ocal
Board		
Notif	y it of	any

made within five

BE ALERT

Notify it of an change of ad dress

Notify it of any fact which might change your classification

Failure to notify the Board of these facts within five days of the happening thereof is an Act punishable by fine and imprisonment.

The person named herein whose Order No. is ____ Has been classified by | Local Board | Board of Appeals | Notify your employer of this classification This card may be cut on dotted line for convenience in carrying.

D. S. S. Form 57

SELECTIVE SERVICE
OFFICIAL OCAL BOARD 7

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SEATILE, WASH.
(STAMP OF LOCAL BOARD)

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