

Mandible and maxilla missing.

C.E. Wilherson

SISNATURE

Capt., C.A.C.

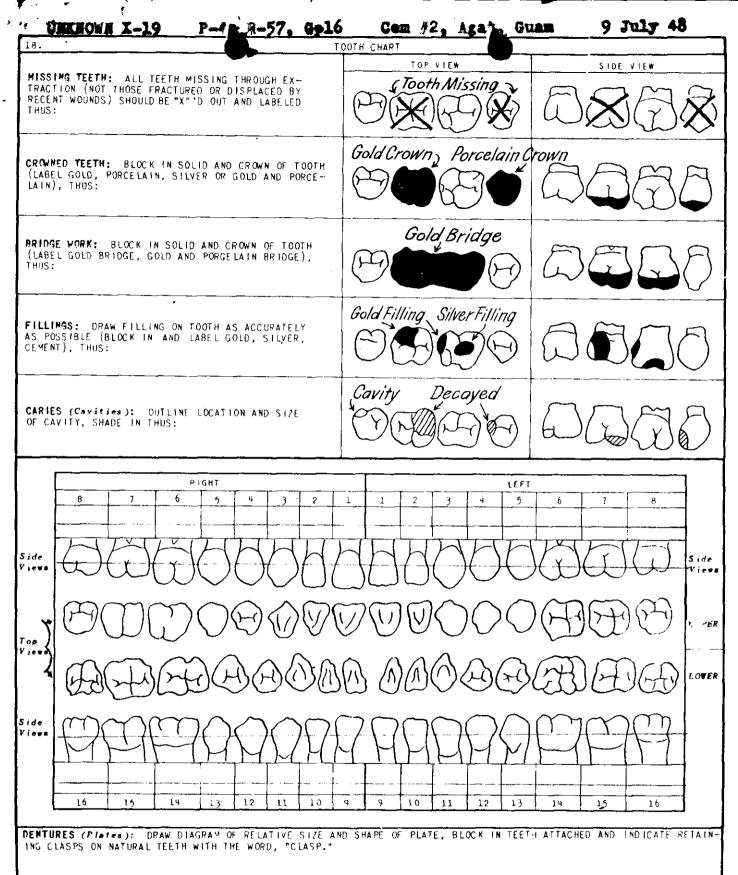
OMC FORM 10446

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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	tion when facilities are				,	
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

N N Sauman H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbo Zone

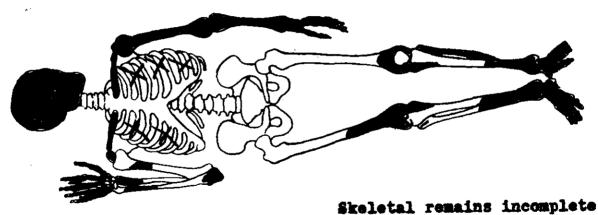


Mandible and maxilla missing.

C. E. Milherato

C. R. Wilkerson

19. BLACK OUT PARTS OF BODY NOT A



SESTS EST LEMETIES TUCOMPIA ce

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- 1. Mortuary Plate on Marker: Unknown X-19 P-4, R-57, G-16 29 Apr 45
- 2. Form 1042 Report of interment: Unidentified (X-19)
- 3. Color of Hair: (Blonde)

Goo. A. Wheeler

1 CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THA! ALL RESULTING INFORMATION MAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

C. W. Kelley, Capt. C.A.C

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QHC FORM 1045 5 FEB 46

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REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS:

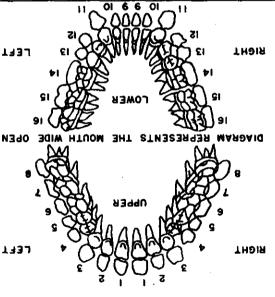
IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE. IN ACCURACY AND ATTENTION TO DETAIL IN THE PREPARITION OF THIS CHART ARE OF PARMOUNT

IN LOWER HALF OF BOX. NABER HATE OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN S. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, 49, PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



BEWARKS:

We dental ident ification available

NAME AND RANK TYPED OR PRINTED ROBERT 1, MCBROOM CAPT. OMC

28 August 1946

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED TIOTA IHTLIU , CIMAISI ROZA

NAME AND RANK TYPED OR PRINTED

SIGNATURE OF PERSON WHO PREPARED CHART

W.H.BIACK, Lt. (JC) USNR

SUBLABLACA

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Yak (mise) Busin #2 1/8, 1/9, 1/21,
1/22, 1/24

SYNOPSIS AND DATES

Mese now filed

NEW CLASSIFICATION 293. Link Quam # 2 X18

10/5/50

RECLASSIFICATION SHEET

QMC Form 857 (Revised 6-27-42)

10-20400-1 W. S. QUINNIERS PRINTING OFFICE



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE

293 und Suam agat #2) X-19

Apo 900

Bay 1950

(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X-19, Plot 4, Row 57, Grave 16, USMC Cem #2, Agat, Guam, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl: Form 1044 B. McNEMAR
Captain, QMC
Chief, Records Branch

JUL 28 1950

Identification Branch

heel 1



1. FILE UNDER NO. 293 UNK GUAM (AGAT #2 X-19

SYNOPSIS

2. TYPE OF DOCUMENT:

LETTER

3. DATE:

June, 27, 50

4. FROM:

OOMG

5. TO:

CO AGRS, PHILCOM ZONE, SAN FRANCISCO, CALIF.

6. SUBJECT:

Unidentifiable Remains.

7. DOCUMENT FILED UNDER NO.

UNK GUAM (AGAT) (MISC) X-18, X-21, X-24, X-19, X-22

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INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "itr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.



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Ltr, ACRS, MARBO ZCME, APO Mit, file 293 MBQMS, Btd 15 Oct 1948, Subje Transmittal of New CMC Forms 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in ACRS Mauseleum, Saipen, with the exception of Unknown X-34, Plot C, Rew 34, Grave 9 and Unknown X-71, Plot 4, Rew 34, Grave 6, Cametery No. 2, Agat, Guam, which were shipped to Manila on the MAT Dalton Victory, 6 October 1948.

FOR THE COMMANDING OFFECUR:

16 Incls 1-16, QMC Form 1044 (3)

D. A. MRONN Major AGD Adjutant

DISINTERMENT DIRECTIVE

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			<u> </u>	1	DISINTERMENT	
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES A		MAT IONS				

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

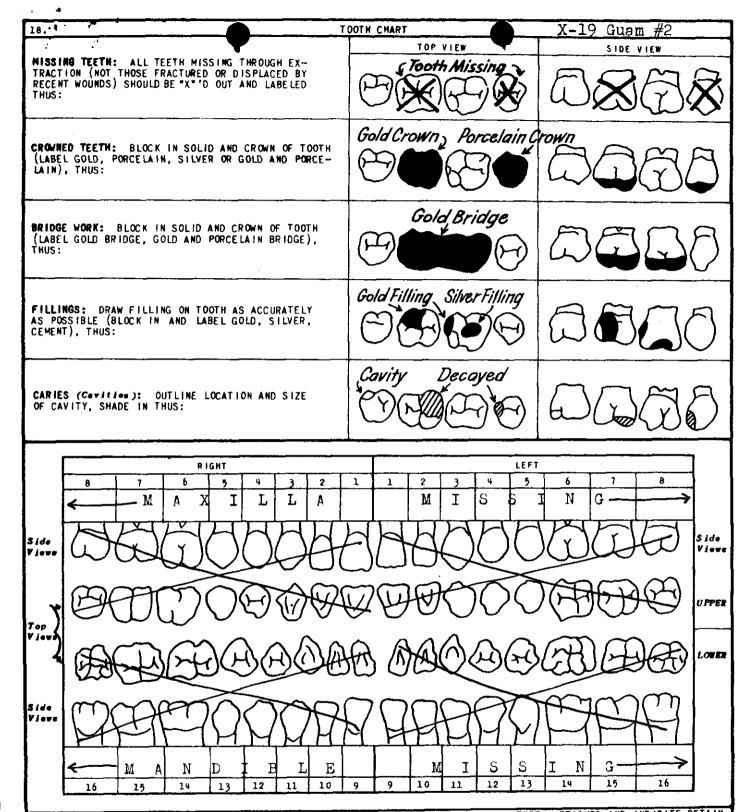
NONE

"UNIDENTIFIABLE"

appointed

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

ONC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present with remains.

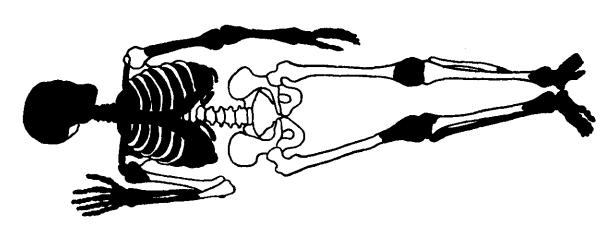
PAUL R NICHOLS

TENTEYERGOMER, Identification Section

BY REASON OF CACO TO A

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19. BLACK OUT PARTS OF BODY NOT REFER



Estimated height: UTD

20 •

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag, personal effect or any other means of identification found with remains.

"UNIDENTIFIABLE"

TRY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS Chief, Identification Section

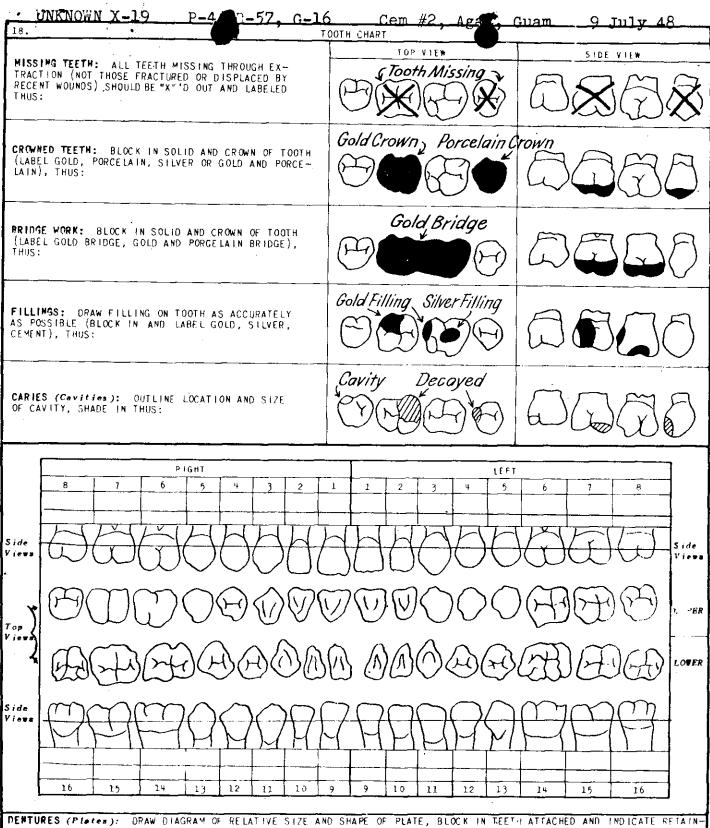
SIGNATURE

Saul R. Neihalo

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3. NAME OF CEMETER			 /		4. PLOT	5 - ROW	6. GRAVE	7. DA	TE OF REINTERMENT
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

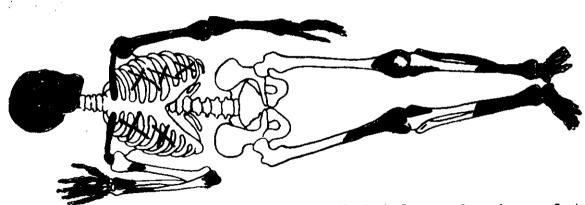
N W Macarnan H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbo 7one



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible and maxilla missing.

19. BLACK OUT PARTS OF BODY NOT N FERED



Skeletal remains incomplete

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- 1. Mortuary Plate on Marker:
 Unknown X-19
 P-4, R-57, G-16
 29 Apr 45
- 2. Form 1042 Report of interment: Unidentified (X-19)
- 3. Color of Hair: (Blonde)

Geo. A. Wheeler

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

SISNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

C. W. Kelley, Capt., C.A.C

-	<u> </u>			_	
	IDENTIF	ICATION DATA	•		
. REMAINS OF UNKNOWN	THE NORTH X-19	· · · · · · · · · · · · · · · · · · ·		2. DATE OF R	_
. NAME OF CEMETERY	ALLOW A-BY	4. PLOT 5. ROW	7. DATE OF DISINTERMENT REINTERMENT		
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Cometery #2,	, Agat, Guam	4 57	16		
ESTIMATED WEIGHT	PHYSI	CAL DESCRIPTION 10. COLOR OF HAI		11. RACE	
utd	UTD	Blonde		UII	
	IY OFFICIAL IDENTIFICATION F				
Nortuary Plat Unknown X-1 P-4, R-57,	9 G-16 29 Apr 45		n 1042; identif	ied (X-1))
GIVE DESCRIPTION OF TH	ATTOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION OB	TAINED FROM	OTHER SOURCE	S
. WAS BODY BURNED? YES NO . WAS BODY MANGLED?	TO WHAT EXTENT?				
TES - NO		of bones frac	tured		
. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE M	ALFORMATIONS			
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SERVILE, ETC. (Tf 10	LOTHING, EQUIPMENT AND PERSO undry marks are indistinct s	such notation whould be	made and a	ipecimen forwa	rded through
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H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone

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QHC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS:

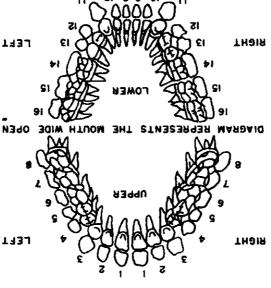
L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT

IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



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NAME AND RANK TYPED OR PRINTED

R'H'REVER TF" (M) DEER

ALMININ

SIGNATURE OF PERSON WHO PREPARED CHART

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

V PB to the total 1042		Φ ρερώρα σε	INTERNATION	ENT #	Dat	e of Report	
Rev. 1 Apr. 1945 (Supersedes GR\$ Form 1		REPORT OF (AR 30–1810 ar		714.1	28	/ugust	1946
Imprint Identificati		SECTION 1. IDENTIFIC	ATION		1 20		
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unknomi		Injuries, M	ultiplem E	xtrene		4 - 29	- 45
Emergency Addressee (I	Name, Relationsh	<u> </u>			,	·	
		UHRAC) .II				
identification Tags Foun	d on Body	If No Tags Found on Body, Fill in Section 3 on Reverse		of Identification. If I	Inidentified,		
NOTE			PLAN, GR	ve markir			
Were Substitute Tags Pr (Yes or No)	ovided		,				
HO							
List Personal Effects Fo	und on Body and	Disposition of Same					<u> </u>
		MOPE					
SECTION 2. BURIAL	. If other than	in established cemetery fu	rnish sketch a	nd map coordinate	s on revers	c.	
Name, Number, Coordin	ates and Location	n of Cemetery					
	Army, Nav	y, Marine Cemetery	#2, Agat,	Guam, MI.			
Date of Burial	Hour	Buried in (Shroud, Blanket, of other)	or name	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1115	Cosket and Burial Bag		Cross with Zinc Plate	4	57	16
Was This a Re-Buria)	If a Re-Burial	, Indicate Name, Number, Coo	rdinates of Previ		ocation of G	rave	
(Yes or No) Yes	Ulithi ^C e	emetery, Asor Islan	d		Plot No.	Row No.	Grave No.
Type of Religious	Person Condu	cting Burial Rites	If Identification	on Tags Not Used, D tainers Buried with I	escribe Ident		· · · · · · · · · · · · · · · · · · ·
Ceremony	*****	,				DOMENT P	SmeB
LEMORIAL SE		tification Tag Attached	·	PLOTO TIXXX		NAME /	
Identification Tag Burie With Body (Yes or No) Zinc Plate	to M	larker (Yes or No)		Form 1042 1			e
<u> </u>		No Niddle Initial)	One :	foot below gr	cave mar		rave No.
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Unident		20) (Last, First, Middle Initial)	Rank	Serial Number	Hazelwoo		17 irave No.
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alsh,	Jank I	2	WT 2/c	UNATIONAL BBS Officer Yerifyin	USS Kid	ad	15
Signature of Person Rry	-w	m	1	ter my	3-n-r-	-	
ROBERT J. M	CBI.	origin for US and allied dea	ROBERT	J. MCBROOM, al and one copy for	CAPT., enemy dead	OMC to the Qua	artermaster
General through Hdq. C	RS October Con	origin for US and allied deales for dention in theater as		neater commander.			
1/27		REST	acted				

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Ľ	SECTION	. UNIDE	NTIFIED	REMAIN	S			
Left Little Finger	unident "Other" and tan	ified remai 'such as sh ks; and ser	ins. Fill ioe size, s ial numb	in anato ocial secu ers of airp	mical cha rity numbe lanes, veh	racteristics er; position icles and tai	below, and any of body found in nks.	e future identity of 7 other clues under 1 airplanes, vehicles
Left Ring Finger	thumbs the con	in the char dition of ea	rt at left, ich and e	or as mar	ıy as possi ı will be ir	ible. If no fi idicated on	ngerprints or pr the tooth chart	rint all fingers and ints can be secured, in accordance with prints are secured.
inger	Height	Weight	Color o	f Eyes	Color of H	lair	Birthmarks, Sca	rs or Tattoos
Left Middle Finger	Weapon and	Serial Num	ber	Laundry	Mark		Where Body Wa	s Buried or Found
Finger	Other Ident	ification Clu	ės	ţ				
Left Index Finger	Fillings		<u>-</u>	Silven Filst-				-
			\cap \subset	Silver Fillir Gold Filling	-			
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Right Index Finger	Crowned Te		Va.F	Perselain C Ield Crown	rown	15 14 (Lower	16 15 15 14. –
Right Middle Finger	Bridge Wor		W	3old Bridge		. 12	10 9 9 10	12
Pinger :	Furnish Ske	etch and Ma	p Referen	ce and Coo	rdinates foi	· Burial in O	ther Than Establ	ished Cemetery
Right Ring Finger		-						
Right Little Finger	Remarks					Service Land	19 A	
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		<u> 4</u>	<u> </u>	<u></u> -			
WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form	1)	REPORT OF (AR 30-1810 as	INTERM] nd AR 30-1815)		Dat	e of Report	
Imprint Identificat		SECTION 1. IDENTIFIC	CATION				-1-3-
Possible. DO NO	TTYPE	Name (Last, First, Middle Inf	tial)	- 1	Seri	al Number	
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Place of Death		Cause of Death	···		Dat	e of Death	
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Emergency Addressee ()	Name, Relations	hip and Address)					
		e stoje e e 🙀					
Identification Tags Four	d on Body	If No Tags Found on Body,		of Identification. If I	Unidentified,		· · · · · · · · · · · · · · · · · · ·
(1, 2, or None)		Fill in Section 3 on Reverse					
MORE			44				
Were Substitute Tags P	rovided		•				
(Tes of 140)							
<u> 190</u>		1					
List Personal Effects Fo	und on Body an	d Disposition of Same					
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		\$\$A2 \$ \$\$					
SECTION 2. BURIAL	. If other thar	n in established cemetery fu	rnish sketch a	nd map coordinate	s on revers	e.	
Name, Number, Coordin	ates and Location	on of Cemetery					
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Date of Burial	Hour	Buried in (Shroud, Blanket	or name	Type of Grave	Plot No.	Row No.	Grave No.
Date of Burnar	*****	of other)		Marker			
9-11-46	1115	2 6 7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cross with		57	16
		I, Indicate Name, Number, Coo	edinates of Pray	Sine Plate	peation of G		L
Was This a Re-Burial (Yes or No)				tous octioner, y, and a	Plot No.	Row No.	Grave No.
Yes	alleni .	emetery, Asor Isla			2	9	7
Type of Religious	Person Condu	ucting Burial Rites	If Identificati	on Tags Not Used, D	escribe Ident	ification	<u></u>
Ceremony		-	Data and Con	tainers Buried with I	Roak		
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Identification Tag Buris	d Ide	ntification Tag Attached Marker (Yes or No)	1	manifolds at a second and	37	····················/	, , .
With Body (Yes or No)	101	warker (1es of No)	MDOM	C Form 1042 1	puried i	n bottl	•
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Body Buried on Decease	ed Left, Name (Last, File, Middle Initial)	Rank	Serial Number	Organizat	ion G	irave No.
	_				U8 S		100
Rody Rurind on Decase	tified ((Last, First, Middle Initial)	Rank	Serial Number	Organizat	ion G	rave No.
Doug Duried on Deceas	sa ingni, Itanie	(
nalah.	Jack L.		TT 2/0	NE TOTAL	USS K	led	15
Signature of Person Pro	paring Report	<u> </u>	Signature of	GRE Officer Verifyin	g Report		
(Xohin	Minis	707	1 10	TONE ME	13000		
DISTRIBUTED A	MCBROON,	original for US and allied de	d. signed origin	al and one copy for	enemy dead,	to the Qua	rtermaster
DISTRIBUTION OF R General through Hdq. (RS Officer. Co	pies for retention in theater as	prescribed by t	heater commander.			

				==							
Ľ.	SECTION Instruction	UNIDEN	TIFIED	REMAIN	18			- :			
Left Little Finger	(a) unident "Other"	(a) Great care will be taken to record the most minute clues unidentified remains. Fill in anatomical characteristics below, a "Other" such as shoe size, social security number; position of body f and tanks; and serial numbers of airplanes, vehicles and tanks.							w, and any other clues under		
Left Ring Finger	(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.										
inger	Height	Weight Color of Eyes Color of Hair			tair	Birthmarks, Scars or Tattoos					
Left Middle Finger	Weapon and	Serial Num	ber	Laundry	Mark	Where Body Was Buried or Found					
finger	Other Ident	ification Clu	ės								
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		SECTION C - DISI	NTERMENT AND	IDENTIFIC	ATION				
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•				DIRECTIVE N	JMBER		DATE		
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CEMETERY			PLOT	ROW	GRAVE		DISPOSIT	ION OF REMA	INS
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		SECTION B -	CONSIGNEE AN	D NEXT OF K	IN				<u> </u>
	ATES MILITARY CKINIEY, P. I.		1		STRATIVE		ECRY)		
		SECTION C - DISI	NTERMENT AN	O IDENTIFIC	ATION				
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MARKER					-		N	AME AND TITLE	E
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NATURE OF BURIAL		· · · · · · · · · · · · · · · · · · ·	COMPITIO	N OF REMAI	NS				

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

CASKET SEALED BY

CASKET BOXED AND MARKED

REMARKS AND SPECIAL INSTRUCTIONS

DATE

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

EMBALMER (Signature)

SHIPPING ADDRESS VERIFIED BY

SIGNATURE OF AGRS INSPECTOR

KAT'

FILE DATE -2 2

TELEBR. MEM. DIV.

OMC FORM 1194

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CHOMN 293 ORS Far East

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Dept. of the Army, OCMG, Washington 25, D. C., 17 December 1948

- TO: Commanding General, Marianas-Bonins Command, AFC 346, c/o Postmaster, San Francisco, California ATTENTION: ACRS, Marbo Zone
  - 1. Reference is made to basic communication and inclosures withdrawn.
- 2. Subject cases have been reviewed and this office concurs in the classification of these unknowns as unidentifiable.
- 3. The original Burial Reports for the following unknowns are not of record in this office:
  - a. X-5, Plot P5-14, Isolated Burial
- b. X-27, Flot E, Row 11, Grave 5, 2nd Marine Division Cemetery, Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

T. H. KETZ Lt. Colonel, CMC Memorial Division

CC: CINCPE

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# MERICAN GRAVES REGISTRATION SERVICE MARBO ZONE

293 MPCRS

APO 244 30 November 1948

SUBJECT: Transmittal of New CMC Forms 1044 (Resolution of Cases of Unidentified Deceased)

TO:

The Quartermaster General Department of the Army Washington 25, D. C. (Attn: Memorial Division)

1. In accordance with paragraphs 3b and 6, letter, DA, file QMCMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

#### Cemetery No. 2, Agat, Guam

Unknowns	<u>Plot</u>	Row	Grave
X-6	4	52	24
X-10	4	53	15
X-17	4	57	24
X-18	4	55	26
X-19	San - Homes and and	57	16
X-21	4	55	25
X-22	4	56	6
X-24	4	57	1
X <b>-</b> 31	4	58	2
X-34	C	34	9
X-68	4	40	17
X-71	4	44	6

### 2nd Marine Division Cemetery, Saipan

Unknowns X-27	Plot E	Row 11	Grave 5
•	Isolate	i Burials	
Unknowns X-5 X-16	<u>Plot</u> P5-14 P5-9	Row	Grave
X-17	P5-11	-	-