

# Depository Shipping List No. 2009-0329-M

P.O. Number: 80336-80341

Program: 0613-S

Ship/Delivery Date: Oct. 9, 2009

Date: Sept. 9, 2009

Page:

1 of 1

Claims for nonreceipt of publications on this list under item numbers previously selected by a library must be made within 60 calendar days of receipt of this shipment. When filing a claim for missing publications, please return a copy of this list on which they appear and circle the item numbers that are missing.

ITEM NO.	CLASSIFICATION NO.	TITLE
0572-C	AE 2.106/3:20/PT.500-END/2009	CODE OF FEDERAL REGULATIONS, 20...EMPLOYEES' BENEFITS...PART 500 TO END REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:21/PT.1-99/2009	CODE OF FEDERAL REGULATIONS, 21...FOOD AND DRUGS...PARTS 1 TO 99 REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:21/PT.800-1299/2009	CODE OF FEDERAL REGULATIONS, 21...FOOD AND DRUGS...PARTS 800 TO 1299 REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:21/PT.1300-END/2009	CODE OF FEDERAL REGULATIONS, 21...FOOD AND DRUGS...PART 1300 TO END REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:24/PT.500-699/2009	CODE OF FEDERAL REGULATIONS, 24...HOUSING AND URBAN DEVELOPMENT...PARTS 500 TO 699 REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:24/PT.700-1699/2009	CODE OF FEDERAL REGULATIONS, 24...HOUSING AND URBAN DEVELOPMENT...PARTS 700 TO 1699 REVISED AS OF APRIL 1, 2009...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
		Number of Titles: 6

MAIL CLAIMS TO:

National Archive Publishing Company  
1909 Old Mansfield Rd.  
Wooster, OH 44691  
Phone: 330-263-9942 ex: 4056 Fax: 330-263-9932

Signature of Librarian authorized to make claim \_\_\_\_\_ LIB# \_\_\_\_\_

CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL

U.S.GOVERNMENT PRINTING OFFICE  
LIBRARY PROGRAM SERVICES 9SLDM  
WASHINGTON, DC 20401

Official Business

LIB# \_\_\_\_\_ SL# \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_