

Shipping List Number: 2019-0090-M

Ship List Date 3/7/2019
 Delivery Date 3/8/2019
 P.O. Number 70494-70498
 Program 0613-S

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 circle on the list what is missing and mail, fax, or scan and email the list following the directions at the bottom. If emailing without a scan, please include the Shipping List No., Item No., Classification No., and Title of the material being claimed.

ITEM NO.	CLASSIFICATION NO.	TITLE
0572-C	AE 2.106/3:47/PT.20-39/2018	CODE OF FEDERAL REGULATIONS, 47... TELECOMMUNICATION... PARTS 20 TO 39 REVISED AS OF OCTOBER 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:49/PT.1000-1199/2018	CODE OF FEDERAL REGULATIONS, 49... TRANSPORTATION... PARTS 1000 TO 1199 REVISED AS OF OCTOBER 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:49/PT.1200-END/2018	CODE OF FEDERAL REGULATIONS, 49... TRANSPORTATION... PART 1200 TO END REVISED AS OF OCTOBER 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:50/PT.1-16/2018	CODE OF FEDERAL REGULATIONS, 50... WILDLIFE AND FISHERIES... PARTS 1 TO 16 REVISED AS OF OCTOBER 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:50/PT.228-599/2018	CODE OF FEDERAL REGULATIONS, 50... WILDLIFE AND FISHERIES... PARTS 228 TO 599 REVISED AS OF OCTOBER 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Number of Titles: 5

Claim by regular mail or email or fax:

MAIL CLAIMS TO: Data Management Internationale, Inc 55 Lukens Drive New Castle, DE 19720	EMAIL: gpoclaims@dmi-inc.com	FAX: (302) 656-1169
--	--	-------------------------------

Signature of Librarian authorized to make claim _____ LIB# _____

CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL

U.S. GOVERNMENT PUBLISHING OFFICE LIBRARY PROGRAMS SERVICES 9SLDM WASHINGTON, DC 20401 OFFICIAL BUSINESS	Lib # _____ SL # _____ Institution _____ Address _____ City _____ State _____ Zip _____
---	--