

Shipping List Number: 2014-0015-M

Ship List Date 11/12/2013

Delivery Date 12/16/2013

P.O. Number 30117

Program 0562-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 return a copy of this list on which they appear and circle the item numbers that are missing.

ITEM NO.	CLASSIFICATION NO.	TITLE
1008-D	Y 1.1/5:113-91	THE COMMUNICATING LENDER ACTIVITY,... RPT... RPT. 113-91... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION
	Y 1.1/5:113-92	Y MOUNTAIN CONVEYANCE... RPT... RPT. 113-92... U.S. CONGRESS, 113TH CONG., 1ST SESSION
	Y 1.1/5:113-93	DESIGNATION OF DENALI IN THE STATE OF,... RPT... RPT. 113-93... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION
	Y 1.1/5:113-94	LYON COUNTY ECONOMIC DEVELOPMENT AND,... RPT... RPT. 113-94... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION
	Y 1.1/5:113-95	NORTH FORK WATERSHED PROTECTION... RPT... RPT. 113-95... U.S. CONGRESS, 113TH CONG., 1ST SESSION
	Y 1.1/5:113-98	SOUTHEAST ALASKA NATIVE LAND,... RPT... RPT. 113-98... U.S. CONGRESS, 113TH CONG, 1ST SESSION
	Y 1.1/5:113-103	INCREASING AMERICAN JOBS THROUGH,... RPT... RPT. 113-103... U.S. CONGRESS, 113TH CONG., 1ST SESSION
	Y 1.1/5:113-105	THE EMPLOYMENT NON-DISCRIMINATION ACT,... RPT... RPT. 113-105... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION
	Y 1.1/8:113-190	POWELL SHOOTING RANGE LAND CONVEYANCE,... RPT... RPT. 113-190... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION
	Y 1.1/8:113-193	MINUTEMAN MISSILE NATIONAL HISTORIC,... RPT... RPT. 113-193... U.S. CONGRESS, 113TH CONGRESS, 1ST SESSION

Number of Titles: 10

MAIL CLAIMS TO:

Data Management Internationale, Inc
55 Lukens Drive
New Castle, DE 19720
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 PRINTING OFFICE
LIBRARY PROGRAMS SERVICES 9SLDM
WASHINGTON, DC 20401

Lib # _____ SL # _____
Institution _____
Address _____
City _____ State _____ Zip _____

OFFICIAL BUSINESS