Ship List Date	5/24/2021
Delivery Date	6/15/2021
P.O. Number	70877-70881
Program	0613-S

Shipping List Number: 2021-0153-M

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 2.106/3:26/PT.1(S.1.1	70-1.300)/2020		CODE OF FEDERAL REGULATIONS, 26 INTERNAL REVENUE PART 1, VOL. 4 OF 15 REVISED AS OF APRIL 1, 2020 NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:26/PT.600-EN	ND/2020		CODE OF FEDERAL REGULATIONS, 26 INTERNAL REVENUE PARTS 600 TO END REVISED AS OF APRIL 1, 2020 NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:28/PT.0-42/20	020		CODE OF FEDERAL REGULATIONS, 28 JUDICIAL ADMINISTRATION PARTS 0 TO 42 REVISED AS OF JULY 1, 2020 NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:28/PT.43-ENI	D/2020		CODE OF FEDERAL REGULATIONS, 28 JUDICIAL ADMINISTRATION PART 43 TO END REVISED AS OF JULY 1, 2020 NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:29/PT.1900-1	910.999/2020		CODE OF FEDERAL REGULATIONS, 29 LABOR PARTS 1900 TO 1910.999 REVISED AS OF JULY 1, 2020 NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
Number of Titles: 5				
Claim by regular MAIL CLAIMS T	mail or email or fax:	EMAIL:		FAX:
-	ment Internationale, Inc	gpoclaims@dmi-ii	nc.com	(302) 656-1169
55 Lukens Dr				
New Castle, DE 19720				
Signature of Librarian authorized to make claim LIB# LIB#				
CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL				
U.S. GOVERNM	ENT PUBLISHING OFFICE		Lib #	

 U.S. GOVERNMENT PUBLISHING OFFICE
 Lib #______SL #_____

 LIBRARY PROGRAMS SERVICES 9SLDM
 Institution______

 WASHINGTON, DC 20401
 Address_______

 OFFICIAL BUSINESS
 City______State___Zip_____