

Shipping List Number: 2012-0206-M

Ship List Date 4/19/2012
Delivery Date 5/18/2012
00288-
P.O. Number 00294
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 return a copy of this list on which they appear and circle the item numbers that are missing.

ITEM NO.	CLASSIFICATION NO.	
0572-C	AE 2.106/3:7/PT.1940-1949/2011	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PARTS 1940 TO 1949 REVISED AS OF JANUARY 1, 2011... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:17/PT.1-199/2011	CODE OF FEDERAL REGULATIONS, 17... COMMODITY AND SECURITY EXCHANGES... PARTS 1 TO 199 REVISED AS OF APRIL 1, 2011... NARA
	AE 2.106/3:17/PT.200-239/2011	CODE OF FEDERAL REGULATIONS, 17... COMMODITY AND SECURITY EXCHANGES... PARTS 200 TO 239 REVISED AS OF APRIL 1, 2011... NARA
	AE 2.106/3:17/PT.240-END/2011	CODE OF FEDERAL REGULATIONS, 17... COMMODITY AND SECURITY EXCHANGES... PART 240 TO END REVISED AS OF APRIL 1, 2011... NARA
	AE 2.106/3:20/PT.1-399/2011	CODE OF FEDERAL REGULATIONS, 20... EMPLOYEES' BENEFITS... PARTS 1 TO 399 REVISED AS OF APRIL 1, 2011... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:20/PT.400-499/2011	CODE OF FEDERAL REGULATIONS, 20... EMPLOYEES' BENEFITS... PARTS 400 TO 499 REVISED AS OF APRIL 1, 2011... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:20/PT.500-END/2011	CODE OF FEDERAL REGULATIONS, 20... EMPLOYEES' BENEFITS... PART 500 TO END REVISED AS OF APRIL 1, 2011... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Number of Titles: 7

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