

Shipping List Number: 2015-0210-M

Ship List Date 5/18/2015  
Delivery Date 6/15/2015  
P.O. Number 30889  
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
1023-B	Y 4.R 31/3:113-68	H.R., 'FEDERAL LANDS RECREATION,... LEGISLATIVE HEARING... SERIAL NO. 113-68... COM. ON NATURAL RESOURCES, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1024-B-01	Y 4.T 68/2:113-67	CONFRONTING TRANSNATIONAL DRUG,... JOINT HRG... COM. ON TRANSPORTATION AND INFRASTRUCTURE, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1025-A-02	Y 4.SCI 2:113-90	TECHNOLOGY NEEDED TO SECURE AMERICA'S,... JOINT HRG... SERIAL NO. 113-90... COM. ON SCIENCE, SPACE, AND TECHNOLOGY, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
	Y 4.SCI 2:113-93	EXPLORING OUR SOLAR SOLAR SYSTEM:... HRG... SERIAL NO. 113-93... COM. ON SCIENCE, SPACE, AND TECHNOLOGY, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1027-B	Y 4.V 64/3:113-80	EVALUATION OF THE PROCESS TO ACHIEVE,... HRG... SERIAL NO. 113-80... COM. ON VETERANS' AFFAIRS, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1031-B	Y 4.SM 1:113-056	MARKUP OF: H.R. 4093, H.R. 4094,... MARKUP... COM. ON SMALL BUSINESS, U.S. HOUSE OF REPS... 113TH CONGRESS, 1ST SESSION
	Y 4.SM 1:114-001	CONTRACTING AND THE INDUSTRIAL BASE... HRG... COM. ON SMALL BUSINESS, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION

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 PUBLISHING OFFICE  
LIBRARY PROGRAMS SERVICES 9SLDM  
WASHINGTON, DC 20401

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

OFFICIAL BUSINESS