

Shipping List Number: 2015-0028-M

Ship List Date 11/10/2014

Delivery Date 12/15/2014

PAGE 1 OF 1

01075-

P.O. Number 01081

Program 0613-S

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
0572-C	AE 2.106/3:28/PT.43-END/2014	CODE OF FEDERAL REGULATIONS, 28... JUDICIAL ADMINISTRATION... PART 43 TO END REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:29/PT.500-899/2014	CODE OF FEDERAL REGULATIONS, 29... LABOR... PARTS 500 TO 899 REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:32/PT.191-399/2014	CODE OF FEDERAL REGULATIONS, 32... NATIONAL DEFENSE... PARTS 191 TO 399 REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:34/PT.680-END/35(RESV.)/2014	CODE OF FEDERAL REGULATIONS, 34... EDUCATION... PART 680 TO END REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:39/2014	CODE OF FEDERAL REGULATIONS, 39... POSTAL SERVICE... REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:40/PT.52(S.52.01-52.1018)/2014	CODE OF FEDERAL REGULATIONS, 40... PROTECTION OF ENVIRONMENT... REVISED AS OF JULY 1, 2014... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:41/CHAP.1-100/2014	CODE OF FEDERAL REGULATIONS, 41... PUBLIC CONTRACTS AND PROPERTY MANAGEMENT... CHAPTERS 1 TO 100 REVISED AS OF JULY 1, 2014... NARA

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