

Shipping List Number: 2018-0129-M

Ship List Date 4/20/2018
 Delivery Date 5/10/2018
 P.O. Number 70298-70302
 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 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 2.106/3:7/PT.1-26/2018	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PARTS 1 TO 26 REVISED AS OF JANUARY 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:7/PT.27-52/2018	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PART 27 TO 52 REVISED AS OF JANUARY 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:7/PT.53-209/2018	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PARTS 53 TO 209 REVISED AS OF JANUARY 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2/106/3:7/PT. 1000-1199/2018/NOTICE	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PARTS 1000 TO 1199 REVISED AS OF JANUARY 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:7/PT.1940-1949/2018	CODE OF FEDERAL REGULATIONS, 7... AGRICULTURE... PARTS 1940 TO 1949 REVISED AS OF JANUARY 1, 2018... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Number of Titles: 5

Claim by regular mail or email or fax:

MAIL CLAIMS TO: Data Management Internationale, Inc 55 Lukens Drive New Castle, DE 19720	EMAIL: gpoclaims@dmi-inc.com	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	Lib # _____ SL # _____ Institution _____
--	---

WASHINGTON, DC 20401

OFFICIAL BUSINESS

Address _____

City _____ State _____ Zip _____