

Depository Shipping 2009-0023-M

P.O. Number: 80126-80131

Program: 0613-S

Ship/Delivery Date: December 15, 2008

Date: November 14, 2008

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
0572-C	AE 2.106/3:21/PT.800-1299/2008	CODE OF FEDERAL REGULATIONS, 21...FOOD AND DRUGS...PARTS 800 TO 1299 REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:21/PT.1300-END/2008	CODE OF FEDERAL REGULATIONS, 21...FOOD AND DRUGS...PART 1300 TO END REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:24/PT.0-199/2008	CODE OF FEDERAL REGULATIONS, 24...HOUSING AND URBAN DEVELOPMENT...PARTS 0 TO 199 REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:24/PT.500-699/2008	CODE OF FEDERAL REGULATIONS, 24...HOUSING AND URBAN DEVELOPMENT...PARTS 500 TO 699 REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:26/PT.1(S.1.501-1.640)/2008	CODE OF FEDERAL REGULATIONS, 26...INTERNAL REVENUE...PART 1(S 1.501 TO 1.640) REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:26/PT.600-END/2008	CODE OF FEDERAL REGULATIONS, 26...INTERNAL REVENUE...PART 600 TO END REVISED AS OF APRIL 1, 2008...NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
Number of Titles: 6		

MAIL CLAIMS TO:

National Archive Publishing Company

1909 Old Mansfield Rd.

Wooster, OH 44691

Phone: 330-263-9942 ex: 4056 Fax: 330-263-9932

Signature of Librarian authorized to make claim _____ LIB# _____

CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL

U.S.GOVERNMENT PRINTING OFFICE
LIBRARY PROGRAM SERVICES 9SLDM
WASHINGTON, DC 20401

Official Business

LIB# _____ SL# _____

Institution _____

Address _____

City _____ State _____ Zip _____