

Shipping List Number: 2015-0176-M

Ship List Date 5/1/2015  
Delivery Date 6/5/2015  
P.O. Number 30855  
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
1025-A-02	Y 4.SCI 2:113-70	A REVIEW OF THE NATIONAL AERONAUTICS,... HRG... SERIAL NO. 113-70... COM. ON SCIENCE, SPACE, AND TECHNOLOGY, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
	Y 4.SCI 2:113-88	A REVIEW OF THE NATIONAL EARTHQUAKE,... HRG... SERIAL NO. 113-88... COM. ON SCIENCE, SPACE, AND TECHNOLOGY, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1027-B	Y 4.V 64/3:113-79	SERVICE SHOULD NOT LEAD TO SUICIDE:... HRG... SERIAL NO. 113-79... COM. ON VETERANS' AFFAIRS, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1037-C	Y 4.G 74/9:S.HRG.113-586	THE PATH TO EFFICIENCY: MAKING FEMA,... HRG... S. HRG. 113-586... COM. ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS, U.S. SENATE... 113TH CONGRESS, 2ND SESSION
1038-B	Y 4.F 49:S.HRG.113-584	THE U.S. TAX CODE: LOVE IT, LEAVE IT,... HRG... S. HRG. 113-584... COM. ON FINANCE, U.S. SENATE... 113TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.113-591	NOMINATION OF SYLVIA MATHEWS BURWELL... HRG... S. HRG. 113-591... COM. ON FINANCE, U.S. SENATE... 113TH CONGRESS, 2ND SESSION
	Y 4.F 49:S.HRG.113-598	SAVING FOR AN UNCERTAIN FUTURE:... HRG... S. HRG. 113-598... COM. ON FINANCE, U.S. SENATE... 113TH CONGRESS, 2ND SESSION

Number of Titles: 8

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