

Shipping List Number: 2013-0334-M
Ship List Date 8/14/2013
Delivery Date 9/16/2013
00763-
P.O. Number 00769
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
0572-C	AE 2.106/3:21/PT.600-799/2013	CODE OF FEDERAL REGULATIONS, 21... FOOD AND DRUGS... PARTS 600 TO 799 REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:21/PT.800-1299/2013	CODE OF FEDERAL REGULATIONS, 21... FOOD AND DRUGS... PARTS 800 TO 1299 REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106 3:21/PT.1300-END/2013	CODE OF FEDERAL REGULATIONS, 21... FOOD DRUGS... PART 1300 TO END REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:22/PT.1-299/2013	CODE OF FEDERAL REGULATIONS, 22... FOREIGN RELATIONS... PARTS 1 TO 299 REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:22/PT.300-END/2013	CODE OF FEDERAL REGULATIONS, 22... FOREIGN RELATIONS... PART 300 TO END REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:23/2013	CODE OF FEDERAL REGULATIONS, 23... HIGHWAYS... REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
	AE 2.106/3:24/PT.0-199/2013	CODE OF FEDERAL REGULATIONS, 24... HOUSING AND URBAN DEVELOPMENT... PARTS 0 TO 199 REVISED AS OF APRIL 1, 2013... NATIONAL ARCHIVES AND RECORDS

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