CHANGED LISTING OF NONAPPROPRIATED FUND INSTRUMENTALITIES

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

DATE *(YYYYMMDD)*

REQUIREMENT CONTROL SYMBOL LABOR - 1006

TO: *(Include ZIP Code)*

FROM: *(Include ZIP Code)*

The following changes are to be made in the listing of nonappropriated fund instrumentalities previously sent to your agency.

NAME, ADDRESS, AND ZIP CODE OF NAFI TO BE ADDED *(a)*	MAJOR ACTIVITY OF NAFI *(b)*	ADDRESS AND ZIP CODE OF RESPONSIBLE MONITORING AGENCY *(c)*	NAME, ADDRESS, AND ZIP CODE OF NAFI TO BE DELETED *(d)*

TYPED NAME OF AUTHENTICATING OFFICER	TITLE	SIGNATURE