

### 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  <i>(a)</i>	MAJOR ACTIVITY OF NAFI  <i>(b)</i>	ADDRESS AND ZIP CODE OF RESPONSIBLE MONITORING AGENCY  <i>(c)</i>	NAME, ADDRESS, AND ZIP CODE OF NAFI TO BE DELETED  <i>(d)</i>

TYPED NAME OF AUTHENTICATING OFFICER	TITLE	SIGNATURE
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