

INITIAL LISTING OF NONAPPROPRIATED FUND INSTRUMENTALITIES <small>For use of this form, see AR 215-3; the proponent agency is DCS, G1.</small>		DATE (YYYYMMDD)	REQUIREMENT CONTROL SYMBOL LABOR-1006
TO: <i>(Employment Security Agency) (Address & ZIP Code)</i>		FROM: <i>(Include ZIP Code)</i>	
In accordance with the request of the Bureau of Employment Security of the US Department of Labor, listed below are the nonappropriated fund instrumentalities operated by this organization in your state.			
NAME, ADDRESS, & ZIP CODE OF EACH FUND <i>a</i>	MAJOR ACTIVITY OF FUND <i>b</i>	ADDRESS AND ZIP CODE OF RESPONSIBLE MONITORING AGENCY <i>c</i>	
TYPED NAME AND TITLE OF AUTHENTICATING OFFICER		SIGNATURE	