

Drug	Schedule
Cathinone (1235) .....	I
Methcathinone (1237) .....	I
N-Ethylamphetamine (1475) .....	I
Methaqualone (2565) .....	I
Gamma-Hydroxybutyric Acid (2010).	I
Lysergic acid diethylamide (7315)	I
2,5-Dimethoxy-4-(n)-propylthiophenethylamine (7348).	I
Marihuana (7360) .....	I
Tetrahydrocannabinols (7370) .....	I
Mescaline (7381) .....	I
3,4,5-Trimethoxyamphetamine (7390).	I
4-Bromo-2-5-dimethoxyamphetamine (7391).	I
4-Bromo-2,5-dimethoxyphenethylamine (7392).	I
4-Methyl-2,5-dimethoxyamphetamine (7395).	I
2,5-Dimethoxyamphetamine (7396).	I
2,5-Dimethoxy-4-ethylamphetamine (7399).	I
3,4-Methylenedioxyamphetamine (7400).	I
3,4-Methylenedioxy-N-ethylamphetamine (7404).	I
3,4-Methylenedioxy-methamphetamine (7405).	I
4-Methoxyamphetamine (7411) ...	I
Dimethyltryptamine (7435) .....	I
Psilocybin (7437) .....	I
Psilocyn (7438) .....	I
Acetyldihydrocodeine (9051) .....	I
Dihydromorphine (9145) .....	I
Heroin (9200) .....	I
Normorphine (9313) .....	I
Pholcodine (9314) .....	I
Tilidine (9750) .....	I
Amphetamine (1100) .....	II
Methamphetamine (1105) .....	II
Amobarbital (2125) .....	II
Pentobarbital (2270) .....	II
Secobarbital (2315) .....	II
Phencyclidine (7471) .....	II
Cocaine (9041) .....	II
Codeine (9050) .....	II
Dihydrocodeine (9120) .....	II
Oxycodone (9143) .....	II
Hydromorphone (9150) .....	II
Benzoyllecgonine (9180) .....	II
Ethylmorphine (9190) .....	II
Hydrocodone (9193) .....	II
Levorphanol (9220) .....	II
Meperidine (9230) .....	II
Methadone (9250) .....	II
Dextropropoxyphene, bulk (non-dosage forms) (9273).	II
Morphine (9300) .....	II
Thebaine (9333) .....	II
Oxymorphone (9652) .....	II
Alfentanil (9737) .....	II
Fentanyl (9801) .....	II
Sufentanil (9740) .....	II

The company plans to import analytical reference standards for distribution to its customers for research and analytical purposes.

No comments or objections have been received. DEA has considered the factors in 21 U.S.C. 823(a) and § 952(a) and determined that the registration of Lipomed, Inc. to import the basic classes of controlled substances is consistent with the public interest and with United States obligations under international treaties, conventions, or protocols in effect on May 1, 1971, at this time. DEA has investigated Lipomed, Inc. to ensure that the company's registration is consistent with the public interest. The investigation has included inspection and testing of the company's physical security systems, verification of the company's compliance with state and local laws, and a review of the company's background and history. Therefore, pursuant to 21 U.S.C. 952(a) and § 958(a), and in accordance with 21 CFR 1301.34, the above named company is granted registration as an importer of the basic classes of controlled substances listed.

Dated: September 17, 2007.  
**Joseph T. Rannazzisi,**  
*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*  
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**DEPARTMENT OF JUSTICE**

**Drug Enforcement Administration**

**Importer of Controlled Substances; Notice of Registration**

By Notice dated July 24, 2007 and published in the **Federal Register** on July 30, 2007, (72 FR 41527), Wildlife Laboratories, 1401 Duff Drive, Suite 400, Fort Collins, Colorado 80524, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of Etorphine Hydrochloride (9059), a basic class of controlled substance listed in schedule II.

The company plans to import the listed controlled substance for sale to its customers.

No comments or objections have been received. DEA has considered the factors in 21 U.S.C. 823(a) and 952(a) and determined that the registration of Wildlife Laboratories to import the basic classes of controlled substances is consistent with the public interest and with United States obligations under international treaties, conventions, or protocols in effect on May 1, 1971, at this time. DEA has investigated Wildlife Laboratories to ensure that the company's registration is consistent

with the public interest. The investigation has included inspection and testing of the company's physical security systems, verification of the company's compliance with state and local laws, and a review of the company's background and history. Therefore, pursuant to 21 U.S.C. 952(a) and 958(a), and in accordance with 21 CFR 1301.34, the above named company is granted registration as an importer of the basic classes of controlled substances listed.

Dated: September 17, 2007.  
**Joseph T. Rannazzisi,**  
*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*  
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**DEPARTMENT OF JUSTICE**

**Drug Enforcement Administration**

[Docket No. 04-58]

**RX Direct Pharmacy, Inc.; Dismissal of Proceeding**

On May 17, 2004, I, the Deputy Administrator of the Drug Enforcement Administration, issued an Order to Show Cause and further ordered the immediate suspension of DEA Certificate of Registration, BR8263876, issued to RX Direct Pharmacy, Inc. (Respondent) of Deerfield Beach, Florida. The Order of Immediate Suspension was based on my preliminary finding that Respondent, "through its Internet service[,] has been responsible for the diversion of large quantities of controlled substances," *Id.* at 9, and that its continued registration during the pendency of the proceeding, "would constitute an imminent danger to the public health and safety because of the substantial likelihood that [it would] continue to divert controlled substances." *Id.* at 10.

The Show Cause Order proposed the revocation of Respondent's registration as a retail pharmacy and to deny any pending applications for renewal or modification of the registration on the ground that Respondent's continued registration would be inconsistent with the public interest. Show Cause Order at 1 (citing 21 U.S.C. 823(f) & 824(a)). More specifically, the Show Cause Order alleged that Respondent's customers would access an affiliated Web site, at which they would complete an on-line questionnaire and list what drugs they were seeking. *Id.* at 5. According to the Show Cause Order, the questionnaires were then submitted to "affiliated physicians," who would review the