

Trans #	Acquiring	Acquired	Entities
20080419	GTCR Fund IX/A, LP	Dubai Aerospace Enterprise (DAE) Ltd.	Corporate Jets, Inc.; Piedmont Hawthorne Aviation, LLC; Piedmont/Hawthorne Canada, Inc.
Transactions Granted Early Termination—12/21/2007			
20080324	Leeds Equity Partners IV, LP	GTCO Corporation	GTCO Corporation.
20080400	The Nasdaq Stock Market, Inc	Philadelphia Stock Exchange, Inc	Philadelphia Stock Exchange, Inc.
20080414	Macquarie Group Limited	Edward Barlow	Chesapeake Publishing Corporation.
20080416	Gary Segal	WDF Services Corporation	WDF Services Corporation.
20080426	Wendel Investissement	WESCO International, Inc	LADD Industries, LLC.
20080427	Regency Energy Partners, LP	Carlyle/Riverstone CDM Corp. Holdings II, LLC.	CDM Resource Management, Ltd.
20080429	AT&T Inc	Harbor Wireless, LLC	Harbor Wireless, LLC.
20080432	Liberty Media Corporation	Milestone Partners II, LP	Bodybuilding.com, LLC.; Higher Power Nutrition Common Holdings, LLC.
20080437	Light Tower Holdings LLC	Quadrangle Capital Partners LP	DataNet Communications Group, Inc.
20080442	Halyard Capital Fund II, LP	2000 Riverside Capital Appreciation Fund, LP.	HCPPro Holdings, Inc.
20080443	AT&T Inc	Edge Wireless Holding Company, LLC.	Edge Wireless, LLC.
20080446	Tangent Fund Shareholders Trust	Weatherford International Ltd	Weatherford International Ltd.
20080451	Regency Energy Partners LP	General Electric Company	FrontStreet Hugoton, LLC.
20080456	SUPERVALU Inc	Albertson's LLC	ABS RM Investor LLC.; ABS RM Lease Investor LLC.; Albertson's LLC.
Transactions Granted Early Termination—12/26/2007			
20080363	PolyOne Corporation	Great Lakes Synergy Corporation	GLS Corporation; GLS International, Inc.
Transactions Granted Early Termination—12/28/2007			
20080350	Multiband Corporation	DirectTECH Holding Company Employee Stock Ownership Trust.	DirectTECH Holding Company, Inc.
20080360	Stichting Gerdau Johannpeter	Quanex Corporation	Quanex Corporation.
20080361	National Oilwell Varco, Inc	H. Lee Welch, Jr	Welch Power Source, LLC.; Welch Sales and Service, Inc.
Transactions Granted Early Termination—12/31/2007			
20080379	Essentia Health	Dakota Clinic, Ltd	Dakota Clinic, Ltd.
20080388	VeraSun Energy Corporation	US BioEnergy Corporation	US BioEnergy Corporation.
20080411	Triam Star Trust	Marsh & McLennan Companies, Inc	Marsh & McLennan Companies, Inc.
20080412	Triam Partners, LP	Marsh & McLennan Companies, Inc	Marsh & McLennan Companies, Inc.
20080440	Highland Crusader Fund II, Ltd	ICO Global Communications (Holdings) Limited.	ICO Global Communications (Holdings) Limited.

FOR FURTHER INFORMATION CONTACT:
Sandra M. Peay, Contact Representative
or Renee Hallman, Contact
Representative. Federal Trade
Commission, Premerger Notification
Office, Bureau of Competition, Room
H-303, Washington, DC 20580, (202)
326-3100.

By direction of the Commission.

Donald S. Clark,

Secretary.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Medicare & Medicaid
Services**

[Document Identifier: CMS-10115]

**Agency Information Collection
Activities: Proposed Collection;
Comment Request**

AGENCY: Centers for Medicare &
Medicaid Services, HHS.

In compliance with the requirement
of section 3506(c)(2)(A) of the
Paperwork Reduction Act of 1995, the
Centers for Medicare & Medicaid
Services (CMS) is publishing the
following summary of proposed

collections for public comment.
Interested persons are invited to send
comments regarding this burden
estimate or any other aspect of this
collection of information, including any
of the following subjects: (1) The
necessity and utility of the proposed
information collection for the proper
performance of the agency's functions;
(2) the accuracy of the estimated
burden; (3) ways to enhance the quality,
utility, and clarity of the information to
be collected; and (4) the use of
automated collection techniques or
other forms of information technology to
minimize the information collection
burden.

1. *Type of Information Collection
Request:* Revision of currently approved

collection; *Title of Information Collection*: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens (sections 1011) Provider Enrollment Application; *Use*: Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, provides that the Secretary will establish a process (i.e., enrollment and claims payment) for eligible providers to request payment. The Secretary must directly pay hospitals, physicians and ambulance providers (including Indian Health Service, Indian tribe and tribal organizations) for their otherwise unreimbursed costs of providing services required by section 1867 of the Social Security Act (EMTALA) and related hospital inpatient, outpatient and ambulance services. CMS will use the application information to administer this health services program and establish an audit process. The Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens (Sections 1011) Provider Enrollment Application has been revised. For a list of these revisions, refer to the summary of changes document. *Form Number*: CMS-10115 (OMB# 0938-0929); *Frequency*: On occasion; *Affected Public*: Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 10,000; *Total Annual Responses*: 10,000; *Total Annual Hours*: 4,998.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received at the address below, no later than 5 p.m. on March 11, 2008.

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development—C, Attention: Bonnie L Harkless, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: January 2, 2008.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E8-158 Filed 1-10-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-262 and CMS-10142]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: CY 2009 Plan Benefit Package (PBP) and Formulary Submission for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP); *Use*: Under the Medicare Modernization Act (MMA), Medicare Advantage (MA) and Prescription Drug Plan (PDP) organizations are required to submit plan benefit packages for all Medicare beneficiaries residing in their service area. The plan benefit package submission consists of the formulary file, Plan Benefit Package (PBP) software, and supporting documentation as necessary. MA and PDP organizations will generate a formulary to illustrate their list of drugs, including information on prior authorization, step therapy, tiering, and quantity limits. Additionally, the PBP software will be used to describe their organization's plan benefit packages, including information on premiums, cost sharing, authorization rules, and supplemental benefits. CMS uses the formulary and PBP data to review and approve the plan benefit packages proposed by each MA and PDP organization.

CMS requires that MA and PDP organizations submit a completed formulary and PBP as part of the annual bidding process. During this process, organizations prepare their proposed plan benefit packages for the upcoming contract year and submit them to CMS for review and approval. Based on operational changes and policy clarifications to the Medicare program and continued input and feedback by the industry, CMS has made the necessary changes to the plan benefit package submission. Refer to the "List of Changes for the CY2009-PBP and Formulary" document for a summary list of changes. *Form Number*: CMS-R-262 (OMB#: 0938-0763); *Frequency*: Yearly; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 475; *Total Annual Responses*: 4987.5; *Total Annual Hours*: 11,400.

2. *Type of Information Collection Request*: Revision of a currently approved collection; *Title of Information Collection*: CY2009 Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDPs); *Use*: Under the Medicare Prescription Drug, Improvement, and Modernization (MMA), Medicare Advantage organizations (MAO) and Prescription Drug Plans (PDP) are required to submit an actuarial pricing "bid" for each plan offered to Medicare beneficiaries. CMS requires that MAOs and PDPs complete the BPT as part of the annual bidding process. During this process, organizations prepare their proposed actuarial bid pricing for the upcoming contract year and submit them to CMS for review and approval. The purpose of the BPT is to collect the actuarial pricing information for each plan. The BPT calculates the plan's bid, enrollee premiums, and payment rates. Refer to "Attachment C" for a summary list of changes. *Form Number*: CMS-10142 (OMB#: 0938-0944); *Frequency*: Yearly; *Affected Public*: Business or other for-profit and Not-for-profit institutions; *Number of Respondents*: 550; *Total Annual Responses*: 6,050; *Total Annual Hours*: 42,350.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.