

ULC, Calgary, Canada; TD Banknorth, Inc., Portland, Maine; Cardinal Top Co., Cardinal Intermediate Co., and Cardinal Merger Co., all of New York, New York; to acquire 100 percent of the voting shares of Commerce Bancorp, Inc., Cherry Hill, New Jersey, and thereby indirectly acquire voting shares of Commerce Bank, NA, Philadelphia, Pennsylvania, and Commerce Bank/North, Ramsey, New Jersey; and 14.8 percent of Pennsylvania Commerce Bancorp, Inc., and thereby indirectly acquire Commerce Bank/Harrisburg, N.A., both of Harrisburg, Pennsylvania. In connection with this application, Cardinal Top Co., Cardinal Intermediate Co., and Cardinal Merger Co. have applied to become bank holding companies.

B. Federal Reserve Bank of Kansas City (Todd Offenbacher, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Heartland Bancshares, Inc.*, Clinton, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Marshall Community Bancshares, Inc., and thereby indirectly acquire voting shares of Community Bank of Marshall, both in Marshall, Missouri.

Board of Governors of the Federal Reserve System, January 9, 2008.

Robert deV. Frierson,

Deputy Secretary of the Board.

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FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 8, 2008.

A. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *BB&T Corporation*, Winston-Salem, North Carolina; to acquire 100 percent of the voting shares of BB&T Financial, FSB, Columbus, Georgia, a *de novo* savings association, and thereby engage in operating a savings association, pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, January 9, 2008.

Robert deV. Frierson,

Deputy Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-05CV]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-4766 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Survey of 911 Emergency Treatment for Heart Disease and Stroke—New—

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Heart Disease and Stroke Prevention (DHDSP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's Division for Heart Disease and Stroke Prevention (DHDSP) was established to provide national leadership to reduce the burden of disease, disability, and death from heart disease and stroke through its research and programs. CDC proposes to collect information concerning pre-hospital Emergency Medical Services (EMS) practices needed to develop solutions to the crisis in emergency care and to effectively coordinate national public health interventions in death and disability from heart attacks and stroke. The proposed survey will be conducted with approximately 1,800 local pre-hospital EMS provider organizations to examine staffing and certification configurations, medical oversight, training, and the scope of practice of pre-hospital emergency care specifically for cardiac and stroke emergencies. The survey sample includes all 2,250 local pre-hospital EMS provider organizations in nine proposed states (FL, MA, KS, MT, NM, WI, OR, SC, AR).

The information collection will also include semi-structured interviews with ten directors of sub-state EMS regions. The interviews will examine organizational and administrative aspects of pre-hospital EMS at the state and sub-state levels to explore similarities and differences from state to state. Data analysis will include descriptive statistics for data from the EMS provider survey on pre-hospital field practices and capabilities for cardiac and stroke emergencies in nine states representing all regions of the U.S. It will also include qualitative analysis of information related to state and sub-state EMS organizational and administrative contexts and their influence on local pre-hospital EMS. The information collection will provide for interaction with important stakeholders for partnering and cooperation through the selection of an expert working group to review the survey findings and assist with the development of recommendations.

There are no costs to respondents except their time. The estimated annualized burden hours are 533.

Estimated Annualized Burden Hours