

assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. 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 each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 7, 2010.

A. Federal Reserve Bank of San Francisco (Kenneth Binning, Vice President, Applications and Enforcement) 101 Market Street, San Francisco, California 94105-1579:

1. *Carpenter Fund Manager GP, LLC, Carpenter Fund Management, LLC, Carpenter Community Bancfund, L.P., Carpenter Community Bancfund-A, LP, Carpenter Community Bancfund-CA, L.P., SCJ, Inc., and CCFW, Inc.*, all of Irvine, California; to acquire no more than 35 percent of the voting shares of Bridge Capital Holdings, and thereby indirectly acquire voting shares of Bridge Bank, N.A., both of San Jose, California.

Board of Governors of the Federal Reserve System, May 10, 2010.

Robert deV. Frierson,

Deputy Secretary of the Board.

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FEDERAL TRADE COMMISSION

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

AGENCY: Federal Trade Commission ("FTC" or "Commission").

ACTION: Notice; correction.

SUMMARY: The Federal Trade Commission published a document in the **Federal Register** of April 15, 2010, seeking public comments on its proposal to extend through May 31, 2013, the current Paperwork Reduction Act clearance for information collection requirements associated with the Contact Lens Rule (the Rule), 16 CFR part 315. The document contained an incorrect OMB Control No. for the pre-existing clearance. The correct number is 3084-0127.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the proposed information requirements should be addressed to Karen Jagielski, Attorney, Division of Advertising Practices, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue, NW., NJ- 3212, Washington, DC 20580, (202) 326-2509. Correction in the **Federal Register** of April 15, 2010, in FR Doc. 2010-8647, on page 19647, in the third column, under **Supplementary Information: Background**, correct the second paragraph, third sentence, to read: "Pursuant to the OMB regulations, 5 CFR Part 1320, that implement the PRA, the FTC is providing this second opportunity for public comment while seeking OMB approval to renew the pre-existing clearance for the Rule (OMB Control No. 3084-0127)."

By direction of the Commission.

Donald S. Clark

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-0539]

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) 639-5960 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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Estimating the Capacity for National and State-Level Colorectal Cancer Screening through a Survey of Endoscopic Capacity (SECAP II)(OMB No. 0920-0539, exp. 3/31/2003)—Reinstatement with Change—Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States (U.S.). Most colorectal cancers develop from pre-existing growths, or polyps, which slowly transform into cancers over a period of 10-20 years. As a result, CRC is ideally suited for prevention and early detection through regular screening. Recommended screening procedures include flexible sigmoidoscopy and colonoscopy, which allow qualified medical professionals to identify and remove polyps as well as to detect early cancers. Information regarding the capacity of the U.S. health care system to provide lower GI endoscopic procedures is critical to planning widespread CRC screening programs.

CDC requests OMB approval to reinstate a previously approved data collection, formerly entitled the *National Survey of Endoscopic Capacity (SECAP)* (OMB No. 0920-0539, exp. 3/31/2003), to obtain a current estimate of the number of colorectal cancer screening and follow-up tests being performed, as well as the maximum number of screening and follow-up tests that could be performed in the event of widespread screening. In addition, the reinstatement request describes a plan to conduct state-specific surveys in up to 18 selected states. Similar surveys were conducted in 15 selected states from 2003 to 2005, and provided estimates of endoscopic screening capacity at state and sub-state levels (*State Survey of Endoscopic Capacity*, OMB No. 0920-0590, exp. 6/30/2006). However, in light of recent trends in colorectal cancer screening (e.g., increases in the percentage of public and private insurers that reimburse for screening colonoscopy, increased use of colonoscopy and decreased use of flexible sigmoidoscopy, availability of other colorectal cancer screening procedures), there is a need to update estimates of endoscopic capacity to guide continued screening initiatives.

OMB approval is requested for three years. The proposed national survey will be conducted in 2010-2011 and