

*License Number:* 021755NF.  
*Name:* Gly Expo Logistics Inc.  
*Address:* 200 West Devon Avenue, Suite 5, Bensenville, IL 60106.  
*Date Revoked:* October 8, 2010.  
*Reason:* Failed to maintain valid bonds.

*License Number:* 021757N.  
*Name:* Champion Xpress Shipping Inc.  
*Address:* 106–13 Liberty Avenue, Ozone, NY 11417.  
*Date Revoked:* October 7, 2010.  
*Reason:* Failed to maintain a valid bond.

*License Number:* 022320N.  
*Name:* Synergetic Specialty Logistics Inc. dba “Mabuhey! A Balikpapan Box Service.”  
*Address:* 660 Fargo Avenue, Elk Grove Village, IL 60007.  
*Date Revoked:* October 8, 2010.  
*Reason:* Failed to maintain a valid bond.

**Sandra L. Kusumoto,**  
*Director, Bureau of Certification and Licensing.*  
 [FR Doc. 2010–27204 Filed 10–26–10; 8:45 am]  
**BILLING CODE 6730–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS–0990–30-day notice]

**Agency Information Collection Request. 30-Day Public Comment Request**

*Agency:* Office of the Secretary, HHS.  
 In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request,

including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202–395–5806.

*Proposed Project:* State Medicaid Fraud Control Units’ Reports—OMB No. 0990–0162–Extension—Office of Inspector General (OIG).

*Abstract:* OIG is requesting an approval by Office of Management and Budget on an extension for the collection of information to specifically comply with the requirements in Title 19 of the Social Security Act at 1903 (q) and 42 CFR1007.15 and 1007.17, in accordance with the Paperwork Reduction Act. The information collected consists of fifty separate annual reports and fifty separate application requests for Federal grant certification/re-certification. The collection is submitted yearly to the Office of Inspector General (OIG) by the fifty established State Medicaid Fraud Control Units (Units). OIG uses the information received to assess and determine the Units’ eligibility for continued participation in the Federal Medicaid fraud control grant program.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondent	Form	Number of respondents	Number of responses per respondents	Average burden per response (in hours)	Total burden hours
State (MFCU) Units .....	Annual Report .....	50	1	88	4400
State (MFCU) Units .....	Certification/Recertification Application.	50	1	5	250
Total .....	.....				4650

**Seleda Perryman,**  
*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*  
 [FR Doc. 2010–27135 Filed 10–26–10; 8:45 am]  
**BILLING CODE 4152–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS–0990–0221; 30-day notice]

**Agency Information Collection Request. 30-Day Public Comment Request**

*Agency:* Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection 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.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB