

Reason: Failed to maintain a valid bond.

License Number: 019746N.
Name: Carmen Cargo Express Inc.
Address: 2130 SW. 58th Way, West Park, FL 33023.

Date Revoked: August 25, 2011.

Reason: Failed to maintain a valid bond.

License Number: 019901N.
Name: Ambiorix Cargo Express Inc.
Address: 453 East 167th Street, Bronx, NY 10456.

Date Revoked: August 21, 2011.

Reason: Failed to maintain a valid bond.

License Number: 020213NF.
Name: Transport Team USA, Inc.
Address: 1050 Wall Street West, Suite 201, Lyndhurst, NJ 07071.

Date Revoked: August 18, 2011.

Reason: Failed to maintain valid bonds.

License Number: 020445NF.
Name: Freight It, Inc.
Address: 11222 La Cienega Blvd., Suite 555, Inglewood, CA 90304.

Date Revoked: August 6, 2011.

Reason: Failed to maintain valid bonds.

License Number: 021359N.
Name: Titan International Logistics, LLC.

Address: 16905 Cherie Place, Carson, CA 90746.

Date Revoked: August 27, 2011.

Reason: Failed to maintain a valid bond.

License Number: 021420N.
Name: ASG Corporation dba RJL Logistics.

Address: As Lito Rd., Koblerville Village, CK, Saipan, MP 96950.

Date Revoked: August 12, 2011.

Reason: Failed to maintain a valid bond.

License Number: 021781F.

Name: T.V.L. Global Logistics Corp.
Address: 9550 Flair Drive, Suite 501, El Monte, CA 91731.

Date Revoked: August 24, 2011.

Reason: Failed to maintain a valid bond.

License Number: 021854NF.

Name: Global Freight Company, Inc.
Address: 6485 Shiloh Road, Suite B-500, Alpharetta, GA 30005.

Date Revoked: August 24, 2011.

Reason: Failed to maintain valid bonds.

License Number: 022017F.

Name: Shinyoung Express Inc.
Address: 1490 Beachey Place, Carson, CA 90746.

Date Revoked: August 13, 2011.

Reason: Failed to maintain a valid bond.

License Number: 022279N.

Name: PB Direct Corporation.
Address: 808 Ahua Street, MB98, Honolulu, HI 96819.

Date Revoked: August 25, 2011.

Reason: Failed to maintain a valid bond.

Sandra L. Kusumoto,

Director, Bureau of Certification and Licensing.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0330; 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—Annual Appellant Climate Survey—0990-0330—REVISION—Office of Medicare Hearings and Appeals (OMHA).

Abstract: The OMHA Appellant Climate Survey is a survey of Medicare beneficiaries, providers, and suppliers who had a hearing before an Administrative Law Judge (ALJ) at the Office of Medicare Hearings and Appeals (OMHA). Appellants dissatisfied with the outcome of their Level 2 appeal may request a hearing before an OMHA ALJ. The Appellant Climate Survey will be used to measure appellant satisfaction with their OMHA appeals experience, as opposed to their satisfaction with a specific ruling.

OMHA was established by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 (Pub. L. 108-173) and became operational on July 1, 2005. The MMA legislation and implementing regulations issued on March 8, 2007 instituted a number of changes in the appeals process. The MMA legislation also directed the U.S. Department of Health and Human Services to consider the feasibility of conducting hearings using telephone or video-teleconference technologies. In carrying out this mandate, OMHA makes extensive use of video-teleconferencing to provide appellants with a vast nationwide network of access points for hearings close to their homes. The survey will gauge appellants' satisfaction with this new service along with the overall appeals experience. The first three-year administration cycle of the OMHA survey began in FY08. The survey will continue to be conducted annually over a three-year period, beginning in FY12. Results from the surveys will be used to gauge progress made in increasing satisfaction among appellants.

ESTIMATED ANNUALIZED BURDEN TABLE

Form	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hours)	Total burden hours
OMHA Appellant Climate Survey	Appellants	400	1	11/60	73

Keith Tucker,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2011-24495 Filed 9-22-11; 8:45 am]

BILLING CODE 4150-46-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New; 60-Day Notice]

Agency Information Collection Request; 60-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 information collection request 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) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60-days.

Proposed Project: Patient Centered Care Collaboration to Improve Minority Health, OMB# 0990-New, Office of Minority Health.

Abstract: The Office of Minority Health (OMH) in the Office of the Assistant Secretary for Health (OASH), Office of the Secretary (OS) is requesting approval from the Office of Management and Budget (OMB) for new data collection activities for the Patient Centered Care Collaboration to Improve Minority Health project (PCCC). This dissemination and adoption initiative funded in 2010, under the ARRA, 2009, through the Office of Minority Health and the Agency for Health Care Quality supports dissemination and adoption priorities as outlined in the HHS Report to Congress on Comparative Effectiveness Research. The PCCC evaluation will assess whether disseminating a diabetes education intervention in a community based health clinic and offering a medication management and adherence intervention through home visits to seniors, improves the health and well being of racial and ethnic minority

program participants; if the approach taken through the implementation of proven PCOR findings such as using community health workers and educators, and pharmacists to deliver the interventions improves the likelihood of patients changing their behaviors to improve their health status; and to determine if participants learned new information and skills that would help them to manage their health conditions and improve their health status.

Primary data for the evaluation will come from two waves of in person data collection from patients in a community health center in Chicago, Illinois and patients living in public housing in Houston, Texas. Data will be collected through a baseline survey at beginning of intervention, and a follow up survey at approximately three months post-baseline in the two sites. Data collection for the entire evaluation is expected to last 6 months, from the time the first participant is enrolled until the last 4 month follow up survey is administered.

The funding for this request is derived from American Reinvestment and Recovery Act of 2009 with hard and non-negotiable deadlines for expenditures and completion. The end date for completion of all activities funded under this initiative is June 12, 2012. Thus, a rapid approval of OMB is requested, or the benefits of this initiative cannot be evaluated and HHS would not be able to report the benefits and outcome to the Congress as required.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Chicago					
Screening Questionnaire	Individuals	165	1	5/60	14
Intake Questionnaire	Individuals	50	1	40/60	33
Post Questionnaire	Individuals	40	1	40/60	27
Sub-Total .....	.....	255	1	.....	74
Houston					
Eligibility Screening Form: Hypertension and Diabetes.	Individual	200	1	15/60	50
First Home Visit Forms: Hypertension, Diabetes, or Hypertension and Diabetes.	Individual	200	1	40/60	133
Telephone Follow-up: Being Active and Managing Stress.	Individual	180	1	20/60	60
Telephone Follow-up: Healthy Eating	Individual	180	1	20/60	60
Post Intervention Follow-up Form: Hypertension, Diabetes, or Hypertension and Diabetes.	Individual	180	1	20/60	60
Sub-total .....	.....	940	.....	.....	363