

## FEDERAL RESERVE SYSTEM

### Change in Bank Control Notices; Acquisition of Shares of Bank or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the office of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than January 18, 2007.

**A. Federal Reserve Bank of Minneapolis** (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *David A. Eickhoff*, Adrian, Minnesota, to acquire control of Adrian Building Corporation and its subsidiary, Adrian State Bank, both of Adrian, Minnesota.

**B. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *David E. Pfrang*, Goff, Kansas, and *Judy L. Georg*, Sabetha, Kansas, acting in concert to acquire control of Farmers State Bankshares, Inc., and The Farmers State Bank, both of Circleville, Kansas.

Board of Governors of the Federal Reserve System, December 29, 2006.

**Jennifer J. Johnson**,  
Secretary of the Board.

[FR Doc. E6-22590 Filed 1-4-07; 8:45 am]

BILLING CODE 6210-01-S

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the 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 application 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/](http://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 January 29, 2007.

**A. Federal Reserve Bank of Atlanta** (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. *CenterState Banks of Florida, Inc.*, Winter Haven, Florida, to merge with *Valrico Bancorp, Inc.*, and thereby indirectly acquire *Valrico State Bank*, both of Valrico, Florida.

**B. Federal Reserve Bank of Kansas City** (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Frontier Management, LLC*, and *Frontier Holdings, LLC*, both of Omaha, Nebraska; to acquire 100 percent of the voting shares of *Pender State Bank*, Pender, Nebraska.

Board of Governors of the Federal Reserve System, December 29, 2006.

**Jennifer J. Johnson**,  
Secretary of the Board.

[FR Doc. E6-22589 Filed 1-4-07; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-07-425X]

### 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](mailto: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

The National Centers for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) Study—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Children's Health Act of 2000 mandated CDC to establish autism surveillance and research programs to address the number, incidence, correlates, and causes of autism and related disabilities. Under the provisions of this act, CDC funded 5 CADDRE centers: California Department of Health and Human Services, Colorado Department of Public Health and Environment, Johns Hopkins University, the University of Pennsylvania, and the University of North Carolina at Chapel Hill. CDC National Center on Birth Defects and Developmental Disabilities will participate as the 6th site.

The purpose of this program is to establish a multi-site, collaborative epidemiological investigation of possible causes of autism spectrum disorders. Children with autism spectrum disorders will be compared to children with other developmental problems, referred to as the neurodevelopmentally impaired group (NIC), as well as children who do not have developmental problems, referred to as the subcohort.

Data collection methods will consist of the following: (1) Medical record review of the child participant and biological mother; (2) self-administered

Questionnaires; (3) buccal cell collection; (4) a telephone interview of the biological mother and/or primary caregiver; (5) a child development evaluation (more comprehensive for case participants than for the control

group participants); (6) parent-child development interview (for case participants only); (7) a physical exam of the child; (8) biological sampling of the child (blood and hair); and (9)

biological sampling of the biological parents (blood only).

There are no costs to respondents other than their time. The total estimated annualized burden is 30,103 hours.

#### ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents   | Number of respondents | Number of responses per respondent | Average burden per response (In hrs) | Total burden hours |
|---|-----------------------|------------------------------------|--------------------------------------|--------------------|
| Contact by Mail .....   | 17,610                | 1                                  | 10/60                                | 2,935              |
| Telephone Contact .....   | 8,922                 | 1                                  | 20/60                                | 2,974              |
| Parent Questionnaires and biologic sample .....                             | 3,456                 | 1                                  | 235/60<br>(3h 55m)                   | 13,548             |
| Caregiver Interview .....   | 3,282                 | 1                                  | 30/60                                | 1,641              |
| Clinic Visit (Child Development Evaluation, physical exam, and biosamples): |                       |                                    |                                      |                    |
| • Case .....  | 810                   | 1                                  | 355/60<br>(5h 55m)                   | 4,793              |
| • NIC .....   | 1,170                 | 1                                  | 110/60<br>(1h 50m)                   | 2,145              |
| • Subcohort .....   | 1,134                 | 1                                  | 110/60<br>(1h 50m)                   | 2,079              |
| TOTAL .....   |                       |                                    |                                      | 30,103             |

Dated: December 26, 2006.

**Joan F. Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-07-05CG]

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#### Proposed Project

Morbidity Monitoring Project (MMP)—New—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Morbidity Monitoring Project (MMP) is a new project. The purpose of MMP is to supplement the HIV/AIDS surveillance programs in 26 selected state and local health departments, which collect information on persons diagnosed with, living with, and dying from HIV infection and AIDS and will incorporate data elements from two data collections: Supplement to HIV/AIDS Surveillance (SHAS) project (0920-0262) and the Adult/Adolescent Spectrum of HIV Disease (ASD).

MMP will collect data on behaviors and clinical outcomes from a probability sample of HIV-infected adults receiving care in the U.S. Collection of data from interviews with HIV-infected patients will provide information on patient demographics, and the current levels of behaviors that may facilitate HIV transmission: sexual and drug use behaviors; patients' access to, use of and barriers to HIV-related secondary

prevention services; utilization of HIV-related medical services; and adherence to drug regimens. Collection of data from patient medical records will provide information on: demographics and insurance status; the prevalence and incidence of AIDS-defining opportunistic illnesses and comorbidities related to HIV disease; the receipt of prophylactic and antiretroviral medications; and whether patients are receiving screening and treatment according to Public Health Service guidelines. No other Federal agency collects national population-based behavioral and clinical information from HIV-infected adults in care.

The data will have significant implications for policy, program development, and resource allocation at the state/local and national levels. Users of MMP data include, but are not limited to, Federal agencies, state and local health departments, clinicians, researchers, and HIV prevention and care planning groups. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 6,101.

#### ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents                                       | Number of respondents | Number of responses per respondent | Average burden per response (In hours) |
|---|-----------------------|------------------------------------|--|
| Persons interviewed with standard interview ..... | 7,988                 | 1                                  | 45/60                                  |
| Persons interviewed with short interview .....    | 166                   | 1                                  | 20/60                                  |