

free of harmful interference. In establishing the WMTS, the Commission allotted a total of 13.5 megahertz of spectrum on a primary basis in three blocks (608–614 MHz, 1395–1400 MHz, and 1427–1429.5 MHz). Also, the Commission determined that WMTS operations should be licensed by rule in lieu of individual licensing. Based on this decision, the Commission further decided that there was a need to establish some mechanism to track the usage of WMTS transmitters. In this regard, the Commission concluded that this information should be maintained in a database by one or more private sector frequency coordinators to be designated by the Bureau. Prior to operation, health care providers must register all medical telemetry devices operating on WMTS spectrum. In addition, the Commission encouraged hospitals to migrate their medical telemetry operations from the 460–470 MHz band to the new WMTS bands. To accommodate this migration, the Commission stated its intention to lift the freeze on applications for high power use of offset channels in the 460–470 MHz band within three years of the effective date of the WMTS rules.

3. On September 23, 2003, however, the American Hospital Association (AHA) reported that, based on its recent, informal polling of hospitals, there has been virtually no migration of medical telemetry systems to the WMTS frequencies. AHA noted that high power use in the 460–470 MHz band has the potential to interfere with existing medical telemetry systems that have not moved to the WMTS frequencies. AHA also recognized that the land mobile radio community is eager to obtain the full utilization of this band. In this connection, AHA stated that “no one will benefit if widespread interference to medical telemetry services results from the premature use of this band by higher-powered land mobile systems.” To address this matter, AHA asked that the freeze not be lifted and proposed a thirty-month plan for the transition of medical telemetry operations to the WMTS spectrum. In a *Public Notice* released October 15, 2003, the Bureau announced it was extending the freeze for a period of up to 180 days and sought comment on the AHA proposal. The Land Mobile Communications Council (LMCC), an umbrella organization representing the PLMR community that includes as members all Part 90 frequency coordinators, opposed the AHA proposal.

4. The Bureau has been working with AHA and the American Society for Health Care Engineering (ASHE),

representing health care provider interests, and LMCC, representing the interests of the PLMR community, to develop a plan to allow for the orderly transition of high power operations on 12.5 kHz offset channels in the PLMR 460–470 MHz band. The Bureau also has been coordinating with representatives of the U.S. Food and Drug Administration (FDA) on this matter to ensure that medical telemetry communications, particularly those of a critical nature, are not adversely affected during such transition. In this regard, the Bureau has extended the current freeze on previous occasions in an effort to develop a transition plan and process which equitably balanced the interests of the identified stakeholders and resulted in minimum disruption to current operations in the 460–470 MHz band. After months of discussions coordinated with the Bureau, AHA and LMCC, by consensus, developed an approach whereby the current freeze would remain in effect through December 31, 2005.

5. AHA and LMCC believe, on balance, that the public interest would be best served by maintaining the current freeze until December 31, 2005, rather than lifting it at some earlier time. This approach provides a date certain by which all medical telemetry operations in the 460–470 MHz band can either transition to the WMTS spectrum or obtain interference protection by becoming licensed on the same basis as other part 90 operations. It also provides sufficient time to permit effective planning for an orderly and efficient transition so as to avoid disruption to ongoing medical telemetry operations. In addition, it provides a mechanism to continue to protect medical telemetry operations from harmful interference pending their transition to WMTS spectrum or part 90 licensing.

6. Given this extended transition, the parties have agreed to work with both the FCC and the FDA to provide impetus for the migration of hospitals from the 460 MHz band to the new WMTS bands. To further assist health care facilities still operating low-powered telemetry systems in the 460–470 MHz band in their transition to the WMTS spectrum or to fully licensed status, ASHE has created a registration process that will allow such hospitals and health care facilities to register information about their current use with ASHE. This registration program will allow AHA and ASHE to compile a more accurate database of the number, location and frequency being used by hospitals operating in the 460–470 MHz band, which will, in turn allow AHA,

ASHE, the FDA and the Bureau to track the progress of the migration of medical telemetry devices out of the 460–470 MHz band, assist hospitals with problems in migration, and communicate with the affected hospitals regarding the regulatory impact of the lifting of the freeze on December 31, 2005. We take this opportunity to remind operators of WMTS equipment that to be licensed as required by the Commission's rules, they must register their equipment and frequencies with ASHE prior to operation. See 47 CFR 95.1111.

7. The decision to extend the freeze is procedural in nature and therefore not subject to the notice and comment and effective date requirements of the Administrative Procedure Act. Moreover, there is good cause for not using notice and comment procedures in this case, or making the freeze extension effective 30 days after publication in the **Federal Register**. We find that such procedures would be impractical, unnecessary and contrary to the public interest as our compliance would undermine the public policy rationale of the freeze in the first place.

This action is authorized under Sections 4(i), 4(j), and 303(r) of the Communications Act of 1934, as amended, 47 U.S.C. 154(i), 154(j), 303(r), and is taken under delegated authority pursuant to §§ 0.131 and 0.331 of the Commission's Rules, 47 CFR 0.131, 0.331.

Federal Communications Commission.

Ramona Melson,

Associate Chief, Public Safety and Critical Infrastructure Division, WTB.

[FR Doc. 04–17076 Filed 7–26–04; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

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

AGENCY: Federal Deposit Insurance Corporation (FDIC).

ACTION: Notice of information collection to be submitted to OMB for review and approval under the Paperwork Reduction Act of 1995.

SUMMARY: In accordance with requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the FDIC hereby gives notice that it plans to submit to the Office of Management and Budget (OMB) a request for OMB review and approval of a proposed information collection titled

“Depositor Claims for Increased Insurance.”

COMMENTS: Comments on this collection of information are welcome and should be submitted on or before August 26, 2004 to both the OMB reviewer and the FDIC contact listed below.

ADDRESSES: Interested parties are invited to submit written comments to Thomas Nixon, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, NW., Washington, DC 20429. All comments should refer to “Depositor Claims for Increased Insurance.” Comments may be hand-delivered to the guard station at the rear of the 17th Street Building (located on F Street), on business days between 7 a.m. and 5 p.m. Comments may also be submitted to the OMB desk officer for the FDIC: Mark Menchik, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

SUPPLEMENTARY INFORMATION:

Title: Depositor Claims for Increased Insurance.

OMB Number: New collection.

Frequency of Response: On occasion.

Affected Public: Depositors of failed insured institutions who had more than \$100,000 deposited in a testamentary deposit account, a trust account, a defined benefit plan, or other retirement account who may be entitled to more than \$100,000 in deposit insurance.

Estimated Annual Number of Respondents: 5,025.

Estimated Time per Response: The time per response will range from one-half hour to one hour depending on the form required.

Estimated Total Annual Burden: 2,738 hours.

General Description of Collection: Depositors of failed institutions initially deemed to be uninsured because their deposits are over \$100,000 may be qualified for additional insurance coverage if they provide the FDIC with documents certifying to the existence of varying ownership rights and capacities. The forms in this collection facilitate customers providing the FDIC with the information that would allow increased

insurance coverage. Further information about this submission, including copies of the collection of information, may be obtained by calling or writing the FDIC contact listed above.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 04-17014 Filed 7-26-04; 8:45 am]

BILLING CODE 6714-01-P

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:30 a.m., Monday, August 2, 2004.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR FURTHER INFORMATION CONTACT:

Michelle A. Smith, Director, Office of Board Members; 202-452-2955.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, July 23, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04-17179 Filed 7-23-04; 1:01 pm]

BILLING CODE 6210-01-S

GENERAL SERVICES ADMINISTRATION

Water Resources Development Act of 1999, Candy Lake Project, Oklahoma; Availability of Purchase

AGENCY: Office of Real Property Disposal Office, General Services Administration (GSA).

ACTION: Notice.

SUMMARY: In accordance with the Water Resources Development Act of 1999, as amended, the Candy Lake Project, Osage County, Oklahoma, has become surplus to the needs of the Government. Under this law, the previous owner(s) of the land or their direct descendant(s) are given the opportunity to purchase the property for the fair market value, without competition.

DATES: All Applications to Purchase must be executed and returned to the General Services Administration no later than January 24, 2005.

ADDRESSES: Return all Applications to Purchase to the General Services Administration, Real Property Disposal Division (7PR), 817 Taylor Street, Room 11B03, Fort Worth, TX 76102.

FOR FURTHER INFORMATION CONTACT: Mr. Melvin Freeman, Realty Officer, General Services Administration (GSA), Real Property Disposal Division (7PR), 817 Taylor Street, Room 11B03, Fort Worth, TX 76102, telephone 817-978-3856, or e-mail melvin.freeman@gsa.gov if you are a previous owner (or a direct descendant) of land that was conveyed to the Corps of Engineers for use in the Candy Lake Project in Osage County, Oklahoma, and desire to repurchase the land and request Application to Purchase (7-D-OK-0529).

SUPPLEMENTARY INFORMATION: The property is identified as follows:

Tract No.	Acreage	FMV	Original owner
101-1	215.69	\$86,275	Chester James Thornton, Mildred Laverne Thorton.
101-2	8.02	2,800	Chester James Thornton, Mildred Laverne Thornton.
102	400.0	110,000	Joseph Fingerlin
106	59.41	10,400	Ana Bates Other.
107	530.65	265,325	Roy Glasco.
108	218.5	87,400	Bud Crutchfield, Alberta Crutchfield.
109	120.0	48,000	William M. Smith, Alice A. Smith.
111	205.41	112,975	Rose Martin.
112	1.21	120	Betty Bowen.
113	160.0	104,000	Wilma Kohlmeyer, Richard Ernest Kohlmeyer, Kristen Marie Kohlmeyer, Emma Jo Sutton, and William W. Sutton.