

Board of Governors of the Federal Reserve System, October 27, 2006.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. E6-18346 Filed 10-31-06; 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 Web site at <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 November 27, 2006.

A. Federal Reserve Bank of Chicago (Patrick M. Wilder, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Capitol Bancorp Ltd.*, Lansing, Michigan; to indirectly acquire 51 percent of the voting shares of Bank of Tacoma (in organization), Tacoma, Washington.

In connection with this Application, Capital Development Bancorp Limited VI, Lansing, Michigan, has applied to become a bank holding company by acquiring 51 percent of the voting shares

of Bank of Tacoma (in organization), Tacoma, Washington.

2. *Bank of Montreal*, Montreal, Canada, Harris Financial Corp., Chicago, Illinois, and Harris Bankcorp, Inc., Chicago, Illinois; to acquire 100 percent of the voting shares of First National Bank & Trust, Kokomo, Indiana.

3. *QCR Holdings, Inc.*, Moline, Illinois; to acquire 100 percent of the voting shares of Ridgeland Bancorp, Inc., Tony, Wisconsin, and thereby indirectly acquire voting shares of Farmers State Bank, Ridgeland, Wisconsin.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Information (RFI): Improving Health and Accelerating Personalized Health Care Through Health Information Technology and Genomic Information in Population- and Community-Based Health Care Delivery Systems

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Advances in medicine, biomedical science, and technology present opportunities for enabling health care practices to be increasingly patient-specific by taking into account individual differences in health states, disease processes, and outcomes from interventions. Often referred to as personalized health care, the desired impact of these types of health practices is improved effectiveness and safety of medical practices. These health benefits may be manifested through new approaches for predicting disease risk at an early time point, enabling preemption of disease processes prior to full manifestation of symptoms, analyzing the effectiveness of different interventions in specific populations based on their genetic makeup, and preventing the progression of disease and the related complications.

For the purpose of achieving a broader understanding of rapid changes occurring in the health care setting that may have an impact on the future of personalized health care, the Department of Health and Human Services (HHS) requests input from the public and private sectors on plans for

developing and using resources involving health information technology (IT) and genetic and molecular medicine, with specific reference to incorporating these capacities in evidence-based clinical practice, health outcomes evaluations, and research.

DATES: Responses should be submitted to the Department of Health and Human Services on or before 5 p.m., EDT, January 2, 2007.

ADDRESSES: Electronic responses are preferred and may be addressed to PHCRFI@hhs.gov. Written responses should be addressed to Department of Health and Human Services, 200 Independence Avenue, SW., Room 434E, Washington, DC 20201, Attention: Personalized Health Care RFI.

A copy of this RFI is also available on the HHS Web site at <http://www.aspe.hhs.gov/PHC/rfi>. Please follow the instructions for submitting responses.

The submission of written materials in response to the RFI should not exceed 75 pages, not including appendices and supplemental documents. Responders may submit other forms of electronic materials to demonstrate or exhibit key concepts of their written responses.

Public Access: Responses to this RFI will be available to the public in the HHS Public Reading Room, 200 Independence Avenue, SW., Washington, DC 20201. Please call (202) 690-7453 between 9 a.m. and 5 p.m. to arrange access. The RFI and all responses will also be made available on the HHS Web site at <http://www.aspe.hhs.gov/PHC/rfi>. Any information you submit will be made public.

Do not send proprietary, commercial, financial, business confidential, trade secret, or personal information that should not be made public.

FOR FURTHER INFORMATION CONTACT: Dr. Gregory Downing, Personalized Health Care Initiative, (202) 260-1911.

SUPPLEMENTARY INFORMATION: Advances in medicine, biomedical science, and technology present opportunities for enabling health care practices to be increasingly patient-specific by taking into account individual differences in health states, disease processes, and outcomes from interventions. Often referred to as personalized health care, the desired impact of these types of health practices is improved effectiveness and safety of medical practices. These health benefits may be manifested through new approaches for predicting disease risk at an early time point, enabling preemption of disease processes prior to full manifestation of