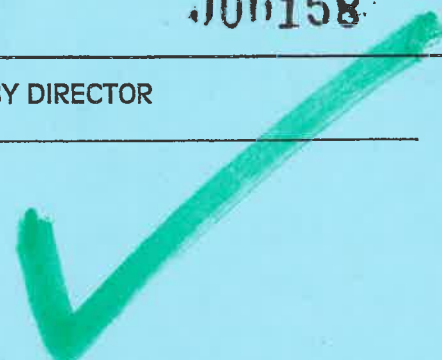


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

File
CMS Disk

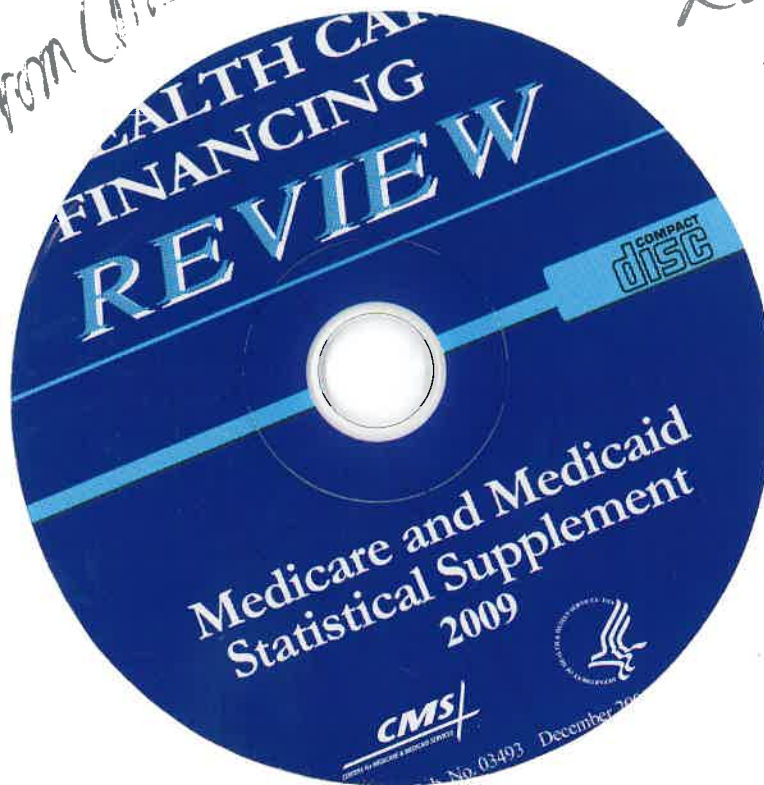
TO Wells	DATE 10/6/10
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 00158	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From CMS -

Log



RECEIVED

OCT 05 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR