

II. 4 NOTICES OF COMMENCEMENT FROM: 08/14/06 TO 08/25/06

Case No.	Received Date	Commencement Notice End Date	Chemical
P-04-0556	08/11/06	07/20/06	(G) 2-propenoic acid, 2-methyl-,alkyl ester, telomer with butyl-2-propenoate, 2-(dimethylamino)ethyl 2-methyl-2-propenoate, 1-dodecanethiol, ethenylbenzene, and 2-hydroxyethyl-2-propenoate, carbonoperoxoic acid, 00-(1,1-dimethylethyl) 0-(2-ethylhexyl) ester initiated
P-05-0225	08/11/06	07/18/06	(G) Imidazole, reaction products with trimethoxy[3-(oxiranylmethoxy)propyl]silane
P-06-0401	08/16/06	08/11/06	(G) (A) dihydromethylaryl pyrrolopyrroledione, (B) dihydromethylaryl alkyloxyphenyl pyrrolopyrroledione, (C) dihydroalkyloxyphenyl pyrrolopyrroledione
P-06-0431	08/15/06	07/20/06	(G) Styrenated terpene resin

List of Subjects

Environmental protection, Chemicals, Premanufacturer notices.

Dated: August 31, 2006.

Eyvone Petty-Callier,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. E6-15092 Filed 9-12-06; 8:45 am]

BILLING CODE 6560-50-S

paperwork and respondent burden, invites the general public and other Federal Agencies to comment on the proposed information collection, as required by the Paperwork Reduction act of 1995. Our customers will be able to submit this form electronically. The proposed form may be viewed on our Web site at http://www.exim.gov/pub/ins/pdf/EIB%2092-30%20August172006_proposed.pdf.

DATES: Written comments should be received on or before November 13, 2006 to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Arnold Chow, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (800) 565-3946, extension 3636. For copies of the proposed form, please direct your request to Solomon Bush, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (800) 565-3946, extension 3353.

SUPPLEMENTARY INFORMATION:

Titles and Form Numbers: EIB 92-30 Report of premiums payable for financial institutions only.

OMB Number: None.

Type of Review: Regular.

Need and Use: The information requested enables the applicant to provide Ex-Im Bank with the information necessary to record customer utilization and manage prospective insurance liability relative to risk premiums received.

Affected Public: The form affects entities involved in the export of U.S. goods and services.

Estimated Annual Respondents: 150.

Estimated Time Per Respondent: 15 minutes.

Estimated Annual Burden: 450 hours.

Frequency of Reporting or Use: monthly.

Dated: September 7, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M

EXPORT-IMPORT BANK

[Public Notice 90]

**Agency Information Collection
Activities: Proposed Collection;
Comment Request**

AGENCY: Export-Import Bank of the U.S.

ACTION: Notice and request for comments.

SUMMARY: The Export-Import Bank, as part of its continuing effort to reduce

EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR FINANCIAL INSTITUTIONS ONLY...

(please type or print all information)

IF NO PREMIUMS PAYABLE, CHECK HERE:

POLICY NUMBER: (prefix) _____ (number) _____ Report for period: (month) _____ (day) _____ (year) _____ through (month) _____ (day) _____ (year) _____

INSURED: _____

BROKER: _____

(Contact: Tel: _____ Fax: _____ E-Mail: _____)

USING SAME CODE?

Coverage Type

Obligor Type

Transaction Type

Term Code

Premium Rate

if same for all transactions check box and enter appropriate code or rate here instead of below

Date Received _____

I T E M	(a) NAME OF FOREIGN OBLIGOR/STREET/CITY/COUNTRY (b) Exporter Name/Street/City/State/Zip Code (c) Products Exported	Cover- age Code	Ob- ligor Code	Trans- action Code	Term Code	POLICY ENDORSEMENT NUMBER OF OBLIGOR (see Step 6 on back)	AMOUNT	Premium Rate Per \$100	PREMIUM DUE
1.	L/C Ref#-->								
	(b)								
	(c)								
2.	L/C Ref#-->								
	(b)								
	(c)								
3.	L/C Ref#-->								
	(b)								
	(c)								
4.	L/C Ref#-->								
	(b)								
	(c)								
PAGE TOTALS									
REPORT TOTALS									

complete only on last page -->

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received.

Signature: _____ Date Prepared: _____ (month) _____ (day) _____ (year) _____ Page No. _____ of _____ Pages

SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT

COVERAGE TYPES (see Note C. on back)

Comprehensive Risk Insurance A

Political Only Risk Insurance B

OBLIGOR TYPES

Private Sector Obligor or Guarantor 3

Government Sector (Non-Sovereign) Obligor or Guarantor 2

Government Sector (Sovereign) Obligor or Guarantor 1

Eximbank Sole Risk 1

(A "sovereign" is a national government or government entity that the insurer has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

TRANSACTION TYPE

Letters of Credit (non-bulk agricultural products) A

Letters of Credit (bulk agricultural products) B

Refinanced Sight Letters of Credit (bulk agricultural products) C

Bank-Guaranteed (if applicable, use in lieu of any other code) D

Drafts/Notes/Documents E

Open Account F

Pre-shipment G

Initial Pre-Presentation Agreement H

Consignment I

Pre-Presentation Agreement Extension J

Due Date Rescheduling K

TERM (corresponding to Transaction Type being reported)

Sight Payments (letters of credit) 1

Sight Payments (non-letter of credit) 2

1-60 Days 3

61-120 Days 4

121-180 Days 5

181-270 Days 6

271-360 Days 7

1 1/2 Years 8

2 Years 9

2 1/2 Years 10

3 Years 11

3 1/2 Years 12

4 Years 13

4 1/2 Years 14

5 Years 15

Over 5 Years 16

USE SEPARATE REPORT-FORMS WHEN REPORTING PREMIUMS PAYABLE UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS

MAKE CHECKS PAYABLE TO: EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK MAIL THIS REPORT WITH YOUR PAYMENT TO: EXPORT-IMPORT BANK OF THE UNITED STATES DEPT. 22 WASHINGTON, DC 20055

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction. (If NO premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1. a) If your loan is directly with the foreign buyer, enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the buyer. If your loan is to a foreign financial institution... b); c) Enter the EXPORTER NAME, STREET, CITY, STATE, ZIP CODE and a brief description of the PRODUCTS that are being exported... STEP 2. Enter the applicable COVERAGE TYPE CODE... STEP 3. Enter the applicable OBLIGOR TYPE CODE... STEP 4. Enter the applicable TRANSACTION TYPE CODE... STEP 5. Enter the applicable TERM CODE... STEP 6. If your policy carries the prefix "ELC" or "EBD"... STEP 7. Enter the AMOUNT of the transaction... STEP 8. Enter your PREMIUM RATE... STEP 9. Enter the PREMIUM DUE... STEP 10. Enter PAGE TOTALS and REPORT TOTALS... STEP 11. Read the paragraph at the bottom of the report-form...

ADDITIONAL NOTES

- NOTE A. If you expect to use the same code (or rate) for each transaction recorded on this page... NOTE B. Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported. NOTE C. Under most policies, "Comprehensive" means commercial and political risks coverage...

SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION

(If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.)

ITEM 1. _____ 2. _____ 3. _____ 4. _____