RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 10-02-11
Michelle Cairns PO Box 147 Maxwell, Iowa 50161-0147	NOTICE OF PROPOSED ACTION
Certification: F-19-300-03	**RESCISSION OF REVOCATION**

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is **RESCINDING THE NOTICE OF REVOCATION** issued on February 17, 2010 to the individual identified above.

Kirk E. Schmitt, Bureau Chief
Emergency Medical Services

3/3/2010
Date