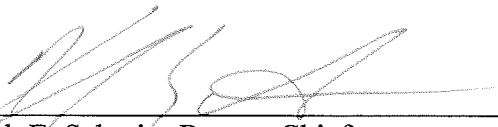


**RESTRICTED DELIVERY CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

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

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