

which is accessible via www.trade.gov/ftz.

For further information, contact Elizabeth Whiteman at Elizabeth.Whiteman@trade.gov or (202) 482-0473.

Dated: December 15, 2011.

Andrew McGilvray,
Executive Secretary.

[FR Doc. 2011-32937 Filed 12-22-11; 8:45 am]

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DEPARTMENT OF COMMERCE

Foreign-Trade Zones Board

[Docket 79-2011]

Proposed Foreign-Trade Zone; Miami, Florida Area Under Alternative Site Framework

An application has been submitted to the Foreign-Trade Zones (FTZ) Board (the Board) by Miami-Dade County to establish a general-purpose foreign-trade zone at sites in Miami, Florida, within the Miami Customs and Border Protection (CBP) port of entry, under the alternative site framework (ASF) adopted by the Board (74 FR 1170-1173, 1/12/09 (correction 74 FR 3987, 1/22/09); 75 FR 71069-71070, 11/22/10). The ASF is an option for grantees for the establishment or reorganization of general-purpose zones and can permit significantly greater flexibility in the designation of new "usage-driven" FTZ sites for operators/users located within a grantee's "service area" in the context of the Board's standard 2,000-acre activation limit for a general-purpose zone project. The application was submitted pursuant to the Foreign-Trade Zones Act, as amended (19 U.S.C. 81a-81u), and the regulations of the Board (15 CFR part 400). It was formally filed on December 16, 2011. The applicant is authorized to make the proposal under Florida Statutes, title XIX, chapter 288, part III.

The proposed zone would be the fourth general-purpose zone for the Miami CBP port of entry. The existing zones are as follows: FTZ 32, Miami, Florida (Grantee: Greater Miami Foreign Trade Zone Inc., Board Order 123, 09/06/77); FTZ 166, Homestead, Florida (Grantee: Vision Foreign Trade Zone Inc., Board Order 482, 08/17/90); and, FTZ 180, Miami (Wynwood), Florida (Grantee: Wynwood Community Economic Development Corporation, Board Order 543, 11/18/91).

The applicant's proposed service area under the ASF would be the northern half of Miami-Dade County, Florida, delineated by SW 8th Street (SR-90/US

41) as the southern boundary. If approved, the applicant would be able to serve sites throughout the service area based on companies' needs for FTZ designation. The proposed service area is within the Miami Customs and Border Protection port of entry.

The proposed zone would include three "magnet" sites in Miami-Dade County: Proposed Site 1 (520 acres)—Dante B. Fascell Port of Miami, 1015 North America Way, Miami; Proposed Site 2 (423 acres)—Flagler Logistics Hub, 6875 NW 58th Street, Miami; and, Proposed Site 3 (419 acres)—Flagler Station, 10505 NW 112th Avenue, Miami. Site 1 is owned by Miami-Dade County, and Sites 2 and 3 are privately owned. The ASF allows for the possible exemption of one magnet site from the "sunset" time limits that generally apply to sites under the ASF, and the applicant proposes that Site 1 be so exempted.

The application indicates a need for zone services in Miami-Dade County, Florida. Several firms have indicated an interest in using zone procedures for warehousing/distribution activities for a variety of products. Specific manufacturing approvals are not being sought at this time. Such requests would be made to the Board on a case-by-case basis.

In accordance with the Board's regulations, Kathleen Boyce of the FTZ Staff is designated examiner to evaluate and analyze the facts and information presented in the application and case record and to report findings and recommendations to the Board.

Public comment is invited from interested parties. Submissions (original and 3 copies) shall be addressed to the Board's Executive Secretary at the address below. The closing period for their receipt is February 21, 2012. Rebuttal comments in response to material submitted during the foregoing period may be submitted during the subsequent 15-day period to March 7, 2012.

A copy of the application will be available for public inspection at the Office of the Executive Secretary, Foreign-Trade Zones Board, Room 2111, U.S. Department of Commerce, 1401 Constitution Avenue NW., Washington, DC 20230-0002, and in the "Reading Room" section of the Board's Web site, which is accessible via www.trade.gov/ftz. For further information, contact Kathleen Boyce at Kathleen.Boyce@trade.gov or (202) 482-1346.

Dated: December 16, 2011.

Andrew McGilvray,
Executive Secretary.

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DEPARTMENT OF COMMERCE

International Trade Administration

[A-428-840]

Seamless Refined Copper Pipe and Tube From Mexico: Extension of Time Limits for the Preliminary Results of Antidumping Duty New Shipper Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

DATES: *Effective Date:* December 23, 2011.

FOR FURTHER INFORMATION CONTACT: Dennis McClure or Joy Zhang, AD/CVD Operations, Office 3, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Ave NW., Washington, DC 20230; telephone: (202) 482-5973 or (202) 482-1168, respectively.

SUPPLEMENTARY INFORMATION:

Background

On July 7, 2011, the Department of Commerce (the Department) published a notice of initiation of the new shipper review of the antidumping duty order on seamless refined copper pipe and tube from Mexico, covering the period November 22, 2010, to April 30, 2011. See *Seamless Refined Copper Pipe and Tube From Mexico: Notice of Initiation of Antidumping Duty New Shipper Review*, 76 FR 39850 (July 7, 2011). The preliminary results are currently due no later than December 25, 2011.¹

Extension of Time Limit for Preliminary Results

Section 751(a)(2)(B)(iv) of the Tariff Act of 1930, as amended (the Act), requires that the Department make a preliminary determination within 180 days after the date of which the review is initiated. Section 751(a)(2)(B)(iv) of the Act further states that if the administering authority concludes that the case is extraordinarily complicated,

¹ Because the statutory deadline (*i.e.*, December 25, 2011) falls on a weekend and Monday December 26, 2011, is a Federal Holiday, the preliminary results are due December 27, 2011, which is the next business day. See *Notice of Clarification: Application of "Next Business Day" Rule for Administrative Determination Deadlines Pursuant to the Tariff Act of 1930, As Amended*, 70 FR 24533 (May 10, 2005).

it may extend the 180-day period to issue its preliminary results to up to 300 days.

We determine that this review is extraordinarily complicated because of the allegations filed by petitioners² concerning the corporate structure of respondent GD Affiliates S.de R.L. de C.V. and the petitioner's request that the review be rescinded. Given the complexity of these issues, and in accordance with section 751(a)(2)(B)(iv) of the Act, we are extending the time period for issuing the preliminary results of this review by 120 days. Therefore, the preliminary results are now due no later than April 23, 2012. The final results continue to be due 90 days after publication of the preliminary results.

This notice is published pursuant to sections 751(a)(2)(B)(iv) and 777(i)(1) of the Act.

Dated: December 19, 2011.

Christian Marsh,

Deputy Assistant Secretary for Antidumping and Countervailing Duty Operations.

[FR Doc. 2011-32993 Filed 12-22-11; 8:45 am]

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DEPARTMENT OF COMMERCE

International Trade Administration

U.S. Medical Trade Mission to India; Mumbai, New Delhi and Hyderabad March 2-8, 2012

AGENCY: International Trade Administration, Department of Commerce.

ACTION: Notice.

Mission Description

The United States Department of Commerce, International Trade Administration, U.S. and Foreign Commercial Service (CS) is organizing a Trade Mission to India from March 2-8, 2012. This will be a non-executive led mission.

The Medical Trade Mission to India is intended to include representatives from a variety of U.S. medical/healthcare industry manufacturers (equipment/devices, laboratory equipments, emergency equipment, diagnostic, physiotherapy and orthopedic, healthcare information technology, and other allied sectors), service providers, and associations and trade organizations. The mission will

introduce the participants to the government bodies, end-users and prospective partners whose needs and capabilities are best suited to each U.S. participant's strengths. Participating in an official U.S. industry delegation, rather than traveling to India on their own, will enhance the participants' ability to secure meetings in India. The delegates will meet with government officials to obtain first-hand information about the regulations, policies and procedures in the healthcare industry. It will be an opportunity for participants to visit healthcare facilities to get acquainted with the functioning of hospitals in India and the varied standards. Market forces, such as medical tourism, insurance and corporate sector have accelerated the demand for quality in healthcare services. As a result, there is a growing demand from consumers for better healthcare as the lack of quality assurance mechanisms limits their access to appropriate health services. The Healthcare industry is now proactively creating standards for the medical tourism industry with the help of credit rating agencies, insurance companies and others involved in the self regulation of the sector. The National Accreditation Board for Hospitals (NABH) has been set-up to establish and operate accreditation programs for healthcare organizations. Some private hospitals are also applying for accreditation from bodies such as the Joint Commission International (JCI). The mission will include appointments and briefings in Mumbai, New Delhi and Hyderabad, India's major healthcare industry hubs. Trade mission participants will have the opportunity to interact extensively with Embassy/Consulate Officials and Commercial Service (CS) India healthcare specialists, to discuss industry developments, opportunities, and sales strategies.

There is an option in the mission to participate in Medical Fair India. The Medical Fair India is the 18th International Exhibition and Conference on Diagnostic, Medical Technology, Rehabilitation, Medical Equipment and Components. MEDICAL FAIR INDIA offers a new platform for technology and service solutions for use in the medical engineering industry—from new materials, components, intermediate products, packaging and services all the way over to more complex micro system technology and nanotechnology. For more information on Medical Fair India, please visit <http://www.medicalfair-india.com/>. For the last three years the U.S. Department of Commerce has certified the Medical Fair India.

Commercial Setting

The Indian healthcare industry is experiencing a rapid transformation and emerging to be a promising market for U.S. suppliers of high end products seeking partnership opportunities. The Indian healthcare industry is estimated at \$50 billion industry in India and is expected to reach over \$75 billion by 2012. There is a growing demand for quality healthcare service. The Indian population of 1 billion people is growing at a rate of 1.6 percent per year. The growth in affluence in India, which now has over 400 million middle-income consumers, is creating demand for a higher standard of healthcare. The type of healthcare serviced required have changed due to the change in the demographic profile of India and the rise of lifestyle-related diseases such as diabetes, cardiovascular diseases, and diseases of the central nervous system. The number of individuals covered by health plans is estimated at 20 million presently, leaving a large portion of the Indian population uninsured. The potential market for healthcare services, including healthcare information and management systems, is expected to grow at a faster pace as hospitals strive to improve operational efficiencies in managing patient records and other key systems.

Currently, the medical infrastructure in India is far from adequate with demand for hospitals and beds far surpassing availability. The problem is most acute in rural India, which accounts for over half of India's population; about 80 percent of available hospital beds are located in the urban centers, leaving only 20 percent for the larger rural population. Both the Indian government and the private sector are striving to bring about rapid growth in the industry to manage the increased demand for high quality service. Construction of several new hospitals as well as upgrades of existing hospitals is planned. Healthcare is provided through primary care facilities, secondary and tertiary care hospitals. While the first two categories are fully managed by the government, tertiary care hospitals are owned and managed either by government or private sector.

The growth in medical infrastructure is accompanied by increased demand for medical equipment/devices. The medical equipment segment is growing at an impressive rate of 15 percent. The demand for the medical equipment is expected to reach \$5 billion by 2012, reflecting significant growth from the current figure of \$2.7 billion. The new specialty and super-specialty hospital facilities depend on the import of high-

² The petitioners in this investigation are Cerro Flow Products, Inc., KobeWieland Copper Products, LLC, Mueller Copper Tube Products, Inc., and Mueller Copper Tube Company, Inc. (collectively, "petitioners").