

Secretary of State  
Heber Ladner Building, 401 Mississippi Street  
P.O. Box 136, Jackson, MS 39205

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Mississippi Department of Education Person to Contact: Trecina Green/Judy Couey  
Address 359 N. West Street Suite 330 Address P.O. Box 771  
Jackson, MS 39205 Jackson, MS 39205  
Phone (601) 359-2586 Transmittal Date \_\_\_\_\_

Name or Number of Rule(s) 2006 Mississippi Comprehensive Health Framework Copy Attached: Yes  No   
Terms of Substance of the Actions or Description of the Subject and Issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name and Title  
of Person Authorized to File Rules:

Name Washington Cole Title Director  
Signature [Signature]

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original Filing <input type="checkbox"/> Renewal of Effectiveness To Be in Effect _____ Days Effective Date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (Specify) _____	Action Proposed: <input type="checkbox"/> New Rule(s) <input checked="" type="checkbox"/> Amendment to Existing Rule(s) <input type="checkbox"/> Repeal of Existing Rule(s) <input type="checkbox"/> Adoption by Reference Proposed Date of Adoption: <input checked="" type="checkbox"/> 30 Days after Filing <input type="checkbox"/> Other (Specify) _____	Action Taken: <input type="checkbox"/> Adopted with No Changes in Text <input checked="" type="checkbox"/> Adopted with Changes <input type="checkbox"/> Adopted by Reference <input type="checkbox"/> Withdrawn Date Action Taken <u>7/15/05</u> Effective Date <input type="checkbox"/> 30 Days after Filing <input type="checkbox"/> Other (Specify) _____

OFFICIAL FILING STAMP

Accepted for filing by \_\_\_\_\_

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APR 15 2005  
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JUL 19 2005  
MISSISSIPPI  
SECRETARY OF STATE

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