NOTICE OF WITHDRAWAL OF PROPOSED RULE

STATE OF MISSISSIPPI
{INSERT AGENCY NAME}
{Optional Insert Agency Division or Department}

{Insert Name of Agency}
c/o {Insert Name of Agency Contact Person}
{Insert Address line 1}
{Insert Address line 2}
{Insert Address line 3}
{Insert Address line 4}
{Insert Telephone Number}
{Insert e-mail address}

Date Rule Proposed: {Insert Date}

Name of proposed rule being withdrawn: {Insert here}

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_____
_____

Explanation of the purpose of the proposed rule and the reason(s) for proposing the rule: {Insert here}

_____
_____
_____
_____
_____

Reason(s) for withdrawing the proposed rule: {Insert here}

_____
_____
_____

Date Proposed Rule Withdrawn: {Insert Date}

_____
Signature and Title of Person Submitting Rule for Filing