

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Miss. Tort Claims Board
 Address P.O. Box 267
Jackson MS 39205
 Phone 601-359-3402

Person to contact J.D. Woodcock
 Address Sp. Asst. Attorney General
P.O. Box 220
Jackson, MS
 Transmittal date 601-359-7807

Copy attached: Yes No 39205

Name or number of rule(s) Administrative Procedures Act
 Terms or substance of the actions or description of the subject and issues:

Rules to comply with the APA



Printed name and title
 of person authorized to file rules:

Name J.D. Woodcock

Title Special Asst. Attorney General

Signature [Handwritten 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 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 type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):	Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <u>see attachment</u> <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	<div data-bbox="1073 1489 1470 1723" data-label="Text"> <p>FILED AUG 03 2015 MISSISSIPPI SECRETARY OF STATE</p> </div> Accepted for filing by <u>[Handwritten Signature]</u>