SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
State Veterans Affairs Board		Avery Mounger Lee	601-576-4854	
ADDRESS		CITY	STATE	ZIP
P.O. Box 5947		Jackson	MS	39208
EMAIL	SUBMIT DATE	Name or number of rule(s):		
alee@vab.ms.gov	9/17/10	Section 13. Eligibility for Inclusion on Persian Gulf War Memorial		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 35-1-43 passed in 2010 Session authorizing the State Veterans Affairs Board to establish, operate and maintain a Mississippi Persian Gulf War Memorial on the grounds of the Mississippi Veterans Memorial Cemetery

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., Section 35-1-43 (2010)

List all rules repealed, amended, or suspended by the proposed rule: _____

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	_____ New rule(s)	X____ Adopted with no changes in text
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed date of adoption:**	_____ Repeal adopted as proposed
	_____ 30 days after filing	**Effective date:**
	_____ Other (specify): _____	X____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Adrian Grice, Executive Director
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 17 2010 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** 17300 CB

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.