

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MDWFP		CONTACT PERSON Sally Sutherland	TELEPHONE NUMBER 601-432-2400	
ADDRESS 1505 Eastover Drive		CITY Jackson	STATE MS	ZIP 39211
EMAIL	SUBMIT DATE 12-19-11	Name or number of rule(s): 3465 W16		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Change in Turkey Season dates

Specific legal authority authorizing the promulgation of rule: Section 49-5-13, MS Code of 1972

List all rules repealed, amended, or suspended by the proposed rule: W15 3465

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.

<p align="center">TEMPORARY RULES</p> <p>____ Original filing ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): _____</p>	<p align="center">PROPOSED ACTION ON RULES</p> <p>Action proposed: ____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing ____ Other (specify): _____</p>	<p align="center">FINAL ACTION ON RULES</p> <p>Date Proposed Rule Filed: _____ Action taken: ____ Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed Effective date: ____ 30 days after filing ____ Other (specify): _____</p>
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Printed name and Title of person authorized to file rules: SAM POLLES, Ph.D., Executive Director

Signature of person authorized to file rules: *[Handwritten Signature]*

<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>	<p>DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; padding: 10px;">  </div> <p>Accepted for filing by <u>CB18330E</u></p>	<p>OFFICIAL FILING STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by _____</p>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.