POWER OF ATTORNEY APPOINTING AN AGENT FOR SERVICE OF PROCESS UNDER THE PESDICIDE APPLICATION LAW, SECTION 69-23-109 MS CODE AS AMENDED.

WHEREAS, the undersigned, (an individual residing and carrying on	business at
under the na	ime of
) (a partnership com	posed of
, carrying on business under the	name of
at)

(designate which) heretofore has been, or will hereafter be, registered with the Mississippi Department of Agriculture and Commerce under the provisions of Section 69-23-109 (b) as amended.

AND WHEREAS, by the terms and provisions of Section 69-23-109, MS as amended, the undersigned non-resident of Mississippi is required to file power of attorney designating either the Secretary of State or some resident of Mississippi as its agent upon whom service of process may be had in the event of any suit against the undersigned instituted in any court in Mississippi.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENT, that the undersigned does hereby designate, constitute, and appoint his/her (or their) true and lawful agent in and for said State of Mississippi upon whom all processes of law against said (individual or partnership, indicate which) may be served in any action or legal proceeding in connection with and based upon the application of pesticides, seeds or fertilizers by aircraft as regulated by said Act, or other violations of said Act; and said (individual or partnership) does hereby expressly agree that such lawful processes against said undersigned which may be served upon said agent shall be deemed valid personal service upon the undersigned and shall be of the same force and validity as if served upon the undersigned; provided that a copy of such process is promptly sent by registered mail to the said undersigned.

WITNESS the signature of the undersigned, (and seal, if any) at _____

_____, this the dav of .

By _____

Duly Authorized in the Premises

ACCEPTANCE BY AGENT

The undersigned hereby accepts the above designation and appointment as resident for service of process. Name_____ Date_____

STATE OF ______

COUNTY/PARISH OF _____

On this ______day of ______, before me, a Notary Public, duly appointed to take the proof and acknowledgement of deeds and other instruments, came _______, to me personally known to be the person who executed the foregoing instrument; and who duly acknowledged the execution of the same; and being by me each sworn, deposeth and saith, that he/she is the (owner or partner, indicate which) of the business therein referred to and is duly authorized to execute the foregoing instrument for the purposes therein set forth

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed seal, at the City of _______ the day and date first above written.

My Commission Expires:

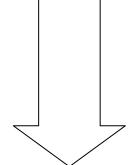
Date

Official Title

APPLICANT - PLEASE MAIL FORM AND A CHECK IN THE AMOUNT OF \$37.00 TO: SECRETARY OF STATE P. O. BOX 136 JACKSON, MS 39205

FEDERAL EXPRESS ADDRESS:

SECRETARY OF STATE BUSINESS SERVICES 700 NORTH ST. JACKSON, MS 39202



NOTICE TO THE SECRETARY OF STATE'S OFFICE

After processing, please return form to MISSISSIPPI DEPARTMENT OF AGRICULTURE AND COMMERCE; BUREAU OF PLANT INDUSTRY P. O. Box 5207; Mississippi State, MS 39762 662-325-3390