APPOINTMENT OF RESIDENT AGENT

	S that I, the undersigned,
having a business address of	/gity gtata
(street), and operating	under the name of
and Zip,, and operating	, do hereby make,
constitute and appoint	
(check one)	
Mississippi Secretary of State, o	· ·
Mississippi resident, whose name	
MIDDIDDIPPI Teblacite, whose name	and address are.
Name	
Street address	
City, state and zip code	
as my true and lawful resident agen	t for process upon whom all
legal process directed to me may	
equitable or administrative proceed:	
that any such process served upon my	
of like force and effect as if served	upon me personally.
WITNESS MY SIGNATURE on	this, the day of
, 20 .	this, the day of
	Printed Name of Dealer or Applicator
	or Applicator
	Signature of Dealer
	or Applicator
	Title (for corporation or
	partnership)

ACCEPTANCE BY AGENT

	I	do	hereby	accept	the	above	desi	gnati	on and	d ap	pointment	of
myse	elf	as	residen	t agent	for	proce	ss i	n the	State	e of	Mississi	ppi
for	the	af	oresaid	dealer	or a	applica	tor.					

	Name of regident agent
	Name of resident agent
	Signature of resident agent
	Title (for corporation or partnership)
**	*****
(Individua	al Acknowledgment)
STATE OF	
COUNTY OF	
and for the said county	fore me, the undersigned authority in and state, on this day of within my jurisdiction, the within, who acknowledged that he bring instrument.
	Notary Public
My commission expires:	
My commission expires:	Notary Public
	Notary Public
***	Notary Public (Seal)
*** (Corporate/Part	Notary Public (Seal) *********** nership Acknowledgment)
(Corporate/Part	Notary Public (Seal) ********** nership Acknowledgment)

, 20, within	n my jurisdiction, the within
named, who	o acknowledged that he is
of	, a
corporation or partnership, and th	at for and on behalf of the
said corporation or partnership, a	and as its act and deed, he
executed the above and foregoing in	nstrument, after first having
been duly authorized by said corpora	tion or partnership so to do.
	Notary Public
My commission expires:	
	(Seal)

Where the Secretary of State is appointed resident agent for process, the dealer or applicator should mail this completed form and funds in the amount of \$37.00 to:

Miss. Secretary of State P.O. Box 136 Jackson, MS 39205-0136

Or to his physical address: Miss. Secretary of State 125 S. Congress Street Jackson, MS 39201

After filing, Secretary of State is requested to send this form to:

Miss. Department of Agriculture and Commerce Bureau of Plant Industry P.O. Box 5207 Miss. State, MS 39762 (662)325-3390