

2. (a) If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent.

John A. Jones			_____		
Name			_____		
_____			1111 Clay Street		
Mailing Address			Street Address		
_____			_____		
Hazlehurst	MS	39083	_____		
City	State	Zip	City State Zip		
_____			_____		
Telephone			Telephone (601) 000-0000		

(b) If the Financially Responsible Party is a Partnership, give the name and street address of each General Partner (use blank page to list additional partners):

_____			_____		
Name			_____		
_____			_____		
Mailing Address			Street Address		
_____			_____		
City	State	Zip	City State Zip		
_____			_____		
Telephone			Telephone		

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath. (This form must be signed by the financially responsible person if an individual or his attorney-in-fact or if not an individual by an officer, director, partner, or registered agent with authority to execute instruments for the financially responsible person). I agree to provide corrected information should there be any change in the information provided herein.

John A. Jones	Registered Agent
_____	_____
Type or print name	Title or Authority
_____	_____
Signature	Date
_____	December 1, 1992

I, Sam B. Smith, a Notary Public of the County of Copiah, State of Mississippi, hereby certify that John A. Jones appeared personally before me this day and being duly sworn acknowledged that the above form was executed by him. Witness my hand and notarial seal, this 1st day of December, 1992.

Seal

Notary

My commission expires 10/1/96