Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION

Of the State of Arkansas

Do Not Write in These Spaces

□ M r.	•	DO NOT WITHE IN	These Spaces
O Mrs.		Claim No.	
□ Ms. □ Miss		Date Filed (Month)	
	, Claimant	(Month)	(Day) (Year)
		Amount of Claim \$	
VS.		<u> </u>	į į
State of Arkansas, Respondent		Fund	
			
	COMPLAINT	•	
	O MILL BILLY	•	
	, the above named Claimant, of		
(Name)	 _	(Street or R.F.D. & No.)	(City)
	County of repr	esented by	
(State) (Zip Code) (Daytime Pho	one No.)	(Legal Counsel, if an	y, for Claum)
of		(TN-)	(Fax No.)
(Street and No.)	(City) (State) (Zip Code)	(Pixone No.)	(Lak (Agr.)
State acency involved:	A	mount sought	
	vice:		
Explanation:			
			<u> </u>
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with the control of t			
			···
		d. (1) Has claim been presented to any	state department or officer therex
As parts of this complaint, the claimant makes th	e statements, and answers the following questions, as indicate	a: (1) mas crann occupies anono any	
, when?	; to whom?	(Department)	
(Yes or No) (Month)	(Day) (Year) and that the following action was taken thereon:		
	_		
WAS D	aid thereon: (2) Has any third person or corporation an inter-	est in this claim?	; if so, state name and addres
and that S was p			
(Name)	(Street or R.F.D. & No.) (C	ity) (State)	(Zip Code)
end that the nature thereof is as follows:			-thefollowing mann
	and was acquired on		**************************************
THE UNDERSIGNED states on oath	h that he or she is familiar with the matters and things	et forth in the above complaint, a	nd that he or she verily bene-
that they are true.			
(Print Claimant/Representati	tive Name)	(Signature of Claimant/R	epresentative)
év ym.	SWORN TO and subscribed before me at		. <u></u>
	SWORN 10 and subscribed before the at		(Qtota)
		(City)	(State)
	on thisday of	···	
(SEAL)	(Date)	(Month	ı) (Year)
	(Louis)		
		(Notary I	hhlic)
		•	www
SF1-R7/99	My Commission Expires:		
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