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ATTORNEY GENERAL

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STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
CHARLESTON 25305

Antitrust & Consumer
Protection Division
(304)558-8986

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(304)558-0303

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(800)368-8808

May 10, 1993

Ms. Judy Cooper, Director
Administrative Law Division
Office of Secretary of State
State Capitol, Suite 157-K
Charleston, West Virginia 25305

Re: 142 C.S.R. 20

Dear Ms. Cooper:

Attached is a copy of an Order from Judge Zakaib of the Circuit Court of Kanawha County which struck down our interpretive regulation, 142 C.S.R. 20. The Order and copy of the regulation are transmitted for appropriate action.

Please call me at 558-8986 if there are any questions.

Very truly yours,

DONALD L. DARLING
SENIOR DEPUTY ATTORNEY GENERAL

DLD/rlp
Enclosures

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

MAY 12 1 54 PM '93

FILED

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

Telephone: (304) 558-6000
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STATE OF WEST VIRGINIA

SECRETARY OF STATE

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1900 Kanawha Blvd., East
Charleston, WV 25305-0770

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ATTORNEY GENERAL
APR 21 1993
ANTITRUST & CONSUMER
PROTECTION DIVISION

WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Director, Administrative Law

DONALD R. WILKES
Director, Corporations

(Plus all the volunteer
help we can get)

RECEIVED
APR 21 1993
ATTORNEY GENERAL'S OFFICE

TO: Dawn Warfield

AGENCY: Attorney General

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: April 19, 1993

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 20 TITLE: 142 Attorney General

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.